If you experience problems accessing any of the information in the MOCAS Reconciliation's #HQ0423-04-R-0002 section please contact:

John Love, Contractor Support Phone: (614) 693-1338

Fax: (614) 693-5674

Email: john.love@dfas.mil

	REQUEST FOR MOCAS ACTION/INFORMATION
то	FROM OFFICE SYMBOL NAME TELEPHONE
CONT	ACT NUMBER
	CONTRACTOR
a.	I. CONTRACT ADMINISTRATION REPORT (CAR) Move contract to Section
ь. Г	NLA problem, Explain:
G [Need Final Pay NLS, Reason for excess funds:
d	Reopen, Reeson: PLEASE SEE COMMENTS BELOW:
	II. RECONCILIATION
e	Identify fund balances of \$ As appears on / (Month)CAR
f	Comptroller advice of error/problem on Obligated/Unobligated Balances of CAR, Specify:
	SEE BELOW
	Action taken:
	III. CONTRACT DATA INPUT
a. [Correct Final Delivery Date (FDD) to
h. [Add/delete Special Provision Contract Code(s) Request needed provision records be updated.
i	The following R9 Code(s) have been added/deleted Request needed provision records be updated.
i	Correct contract line item/schedule data in accordance with attached marked-up abstract/screen print.
k	Add/correct Facility Code to
ı	Change Inspection/Acceptance Code to
	IV. MATERIAL INSPECTION AND RECEIVING REPORT (DD FORM 250)
m	Correction required. Specify:
n	Request Final Ship Indicator be removed.
ADDITIO	V. ATTACHED COPY OF CONTRACT MOD FOR INITIAL INPUT
Referential (10,01) was rejuest	Contractor has not received payment for BVN00025 in the amount of .13. The invoice was submitted or When DFAS vendor pay was called, it was determined that tine invoice cted because it would have resulted in an overpayment on ACRN: AF. However, when the payment history was don ACRN: AF, we discovered that BVN0019 had been submitted and billed and paid on or aboutf was paid differently than had been submitted. On BVN0019, we had billed ACRN: AE for \$1,769.90, ACRN: AF for and ACRN: AG for \$185.78. The entire amount of voucher BVN0019 (\$5,902.58) was paid against ACRNAF. This a discrepancy of \$1,955.58 in what we showed as billed against ACRN AF and what DFAS showed as billed against

03/05/03245 000100650002

PROBLEM 2

Contingent Liability Report

	Cancelled Fund Ind													
	Station ACRN Obligation ACRN Unliquidated	\$3,335.79	\$30.83	\$304.90	\$350.65	\$1,041.90	\$685.86	\$5,036.97	\$1.14	\$33,560.77	\$35,500.00	\$79.848.81		\$70 848 94
	ACRN Obligation	\$38,587.00	\$6,037.00	\$34,101.00	\$26,820.00	\$21,850.00	\$4,750.00	\$18,000.00	\$1,900.00	\$49,524.00	\$35,500.00	\$237,069.00		\$237,069,00
Acctg	Station			Î										
			- 1	- 1	- /1	. '		- 1	- 1	- 1	ı		- 1	
Limit														
Fund Code Limit														
Sec Code Limit	1	1	1	-1	1		1	1	1	1				
Sub Fund Trans Sec Code Limit	1	1	1	-1	1	1	1	1	1	1				
Sub Fund Trans Sec Code Limit	1	'AC 1	AD 1	AB -1	AF 1	AG 1	AH 1	AJ 1	AL 1	AM 1				
Sec Code Limit	1	AC 1								AM 1				



	SPIIN			Find	_	Acceptance	-	-	_				
PiiN		ACRN SV	SV Limit		Appropriation	Accounting Station	РР ТР		Shipment No.	Voucher No.	Voucher Disbursement No. Date	Disbursement Amount	Sub Trans
		₹	п	9						MOD 01		(\$26,820.00)	
			1							ОО		\$26,820.00	
		٩	-	1				ŀ					
		2	-				015	2 BVN	BVN0015			\$15.48	
			-				600	2 BVN	BVN0009			\$1,209.30	
			1	9			900	2 BVN	BVN0005			\$1,515.80	
			1				002	2 BVN	BVN0002			\$3,179.48	
			1				004	2 BVN	BVN0004			\$585.24	
			1				007	2 BVN	BVN0007	1		\$6,882.04	
			-	9		l	800	2 BVN	BVN0008			\$4,377.78	
		_1.	4				010	2 BVN	BVN0010			\$5,362.58	
			-	•			000	NVE 6	BVN0028			(\$0.11)	
			H H				017	2 BVN	BVN0017	1		\$6.25	
]	П	•			020	2 BVN	BVN0020			\$1,663.72	
		J.	FI.				018	2 BVN	BVN0018			\$2,000.00	
•			1			l	020	BVN	BVN0020	1		(\$1,663.72)	
						l				DO		\$38,587.00	
			7	0		1	100	2 BVN	BVN0001			\$7,351.65	
			- I				900	2 BVN	BVN0006			\$1,765.72	
	1		1	•			014	2 BVN	BVN0014			\$1,000.00	
	-	ŀ											
- 111 - 11 - 11		D.	1	•			015	2 BVN	BVN0015			\$15.48	
			1				011	2 BVN	BVN0011	1		\$26.48	
			H				010	2 BVN	BVN0010	Ì		\$789.58	
							003	2 BVN(BVN0003	1		\$2,001.20	
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Date:														
PiiN	SPIIN	ACRN SV		Limit	Fund Code	Appropriation	Accounting Station	ng PP	ТР	Shipment No.		Voucher Disbursement No. Date	Disbursement Amount	Sub Trans
	Ì	AE	-		*		l	008	8	BVN0008			\$2,014.85	
			н		9		l	010	0	BVN0010			(\$8.34)	
			ᅱ		•			015	5 2	BVN0015	Į		\$6,191.61	
			п					017	7 2	BVN0017	Į		\$2,278.31	
			н		•			026	2	BVN0027	1		\$2.62	
			П		•		l	020	0	BVN0020	1		(\$10.78)	
			ㅋ		ſ			020	0	BVN0020	1		\$10.78	
•			-		•			900	6 2	BVN0006	1	1	\$1,996.01	
			н		•			020	0 2	BVN0020	t	1	\$26.75	
			П		8						MOD 01		\$26,820.00	
			귀		•			014	2	BVN0014	1		\$2,000.00	
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		ž			9		I	024	2	BVN0024			\$1,361.00	
			-		•		l	022	2	BVN0022		1	\$2,994.24	
			-				ļ	025	2 2	BVN0026			\$787.48	
			리					018	8 2	BVN0018		ĺ	\$2,177.68	
			귀					021	1 2	BVN0021			\$3,420.50	
			리					019	2	BVM0019			\$5,902.58	
			-					020	7	BVN0020			\$4,164.62	
					•		I		-		90		\$21,850.00	
			ŀ	Ī	ŀ									
-		AG.	н	1	•	Î		022	2 2	BVN0022			\$574.49	
			-		•			021	1 2	BVN0021			\$819.25	
•			7		•	Î		000	6	BVN0028			(\$0.0\$)	
				1				026	70	BVN0027			\$3.63	
								020	2	BVN0020			\$1,166.85	

_		, -																								
Sub Trans	000																									
Disbursement	Amount	\$1,500.00	\$4,750.00		\$4,499.82	\$2,325.15	\$5,482.92	(\$12.17)	\$667.31	\$18,000.00		\$1,837.35	(\$1.14)	\$62.65	\$1,900.00		\$49,524.00	(\$49,524.00)		\$3,226.47	\$2,679.81	\$748.55	\$2,415.43	\$6,524.21	\$99.44	\$274.32
Shipment Voucher Disbursement	Date																									
Voucher	No.		90					1		90		1	1	Į	90		60	10					1			
Shipment	No.	BVN0018			BVN0023	BVN0022	BVN0026	BVN0028	BVN0027			BVN0026	BVN0028	BVN0027						BVN0031	BVN0030	BVN0026	BVN0032	BVN0029	BVN0031	BVN0027
		8 2			3 2	2 2	5 2	6	2 9	4		2 2	6 0	5 2		ļ			ļ	7	2	7	123	61	7	2
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Accounting	Station													l												
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SPIIN				-							L					-								•		1
Date																										

Page 4

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	Sub Trans							
	Shipment Voucher Disbursement Disbursement Sub Trans	Amount	(\$5.00)	\$49 524 00	00.5201084	42.5	\$35,500.00	
	Disbursement	Date						
	Voucher	Š		10			**	
	Shipment	Š.	BVN0028					
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	Accounting	ation Station						
	Fund	Appropriation						
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	SPIIN		1					
Date:	NIG							•





	ORDER	FOR SUPPLIES (R SERVI	CES			·	PA	GE I OF
1. CONTRACT/PURCH. ORD	ER/ 2 DELUEDA O								8
AGREEMENT NO.	2. DELIVERY OF	RDER/ CALL NO. 3. DATE O	F ORDER/CALL	4. REQ./	PURCH. R	EQUEST NO.	5	PRIORI	TY
(100)								DX-A2	2
6. ISSUED BY	CODE	7. ADMINISTE	ERED BY			CODE			
						-	8		ERY FOB
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				P					THER .
							(,	See Sche	edule if other)
9. CONTRACTOR	207-1								
S. CONTRACTOR	CODE	FACILI	ГҮ	10. D		O FOB POINT		MARK	IF BUSINESS IS
				12. E	ISCOUNT	SCHEDUL TERMS	.E	X SM	
									ALL ADVANTAGED MEN-OWNED
				13. 1	MAIL IN	VOICES TO	THE ADDRES	S IN BL	OCK
14. SHIP TO	CODE	lie nun		See	ltem 15				
	<u> </u>	15. PAYMENT V	VILL BE MAD	EBY	CODE				
SEE SCHEDUL	E								ARK ALL KAGES AND
								PAP	ERS WITH
							İ		TIFICATION MBERS IN
16. DELIVERY/								BLOC	KS 1 AND 2.
TYPE CALL	, seemed on	another Govt. agency or in accord	ance with and subje	ect to terms a	nd condition	s of above num	bered contract.		
OF PURCHASE ORDER	Reference your quote dated					The said		specified	herein
	ACCEPTANCE. THE CONT ORDER AS IT MAY PREVIO AND CONDITIONS SET FO	RACTOR HEREBY ACCE OUSLY HAVE BEEN OR I	PTS THE OFFE S NOW MODIF	R REPRE	SENTED	BY THE NU	MBERED PUI	CHASI	3
	AND CONDITIONS SET FO	RTH, AND AGREES TO P	ERFORM THE	SAME.	.DC1 10	ALL OF IT	IE IEKMS		
NAME OF CONTRAC	CTOR	SIGNATURE	······································						
				Т	YPED N	AME AND T	TTLE		DATE SIGNED (YYYYMMMDD)
7. ACCOUNTING AND A	upplier must sign Acceptance and PPROPRIATION DATA/LOCA	return the following number	r of copies:					,	(TITIMMMDD)
	LEKOPKIATION DATA/ LOCA	L USE	-						
See Schedule									
18. ITEM NO.	19. SCHEDULE OF SU	JPPLIES/ SERVICES	2	0. QUANT	TTY				
				ORDER ACCEP	1	21. UNIT	22. UNIT PRI	CE 2:	3. AMOUNT
	SEE SCHEDU	JI F						-+-	
If quantity accepted by the Govern			_						
iatity ordered, indicate by X. If dif	ferent enter actual	4. UNITED STATES OF A	MERICA				25. TOTAL	_	\$105,545.00
cantity accepted below quantity ord 5. QUANTITY IN COLUMI		BY:			A VATATORIA		29. DIFFERENC	Es —	
		D COMPORT IN THE	27. SHIP NO	D. 2	8. DO V	OUCHER NO). 30.	==	
	,,,,,,	D CONFORMS TO THE CEPT AS NOTED	PART		2. PAID	BY	33. AMOU	NT VE	OTEUED
DATE		•	FINA			- -	CORRECT	FOR	GFIED
	SIGNATURE OF AUTHORIZ rect and proper for payment.	ED GOVT. REP.	31. PAYME	NT					
	ent.			PLETE			34. CHECK	. NUMB	ER
DATE	SIGNATURE AND TITLE OF	CERTIFYING OFFICER	PART FINAL	T T			35. BILL O	FLADI	NG NO
RECEIVED AT 38	. RECEIVED BY	39. DATE RECEIVED	40. TOTAL		2/0.40	COLVE			
		(YYYYMMMDD)	CONTAI	NERS 4	3/K AC	COUNT NO	. 42. S/R VO	JCHER	NO.
Form 1155, JAN 1998 (F	EG)	DDEVIOUS	I PROTECTION OF THE PROPERTY O						

PREVIOUS EDITION MAY BE USED.



SECTION B Supplies or Services and Prices

ITEM NO SUPPLIES/SERVICES MAX UNIT **UNIT PRICE** MAX AMOUNT **QUANTITY** 0001 1.00 Lot \$ \$ NTE

SETAC - FP Labor

COST - Provide services outlined in the scope of work (SOW), as defined in a given task order (T/O), at the fixed prices/government labor category specified in Section B paragraph entitled, "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

PURCHASE REQUEST NUMBER

MAX COST

\$95,045.00

ITEM NO SUPPLIES/SERVICES MAX UNIT UNIT PRICE MAX AMOUNT **QUANTITY** 0003 1.00 Lot \$ \$ NTE

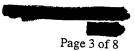
Consultants

COST - Provide services outlined in the scope of work (SOW) at the cost reimbursable amounts as approved on a task-order-by-task-order basis. Total Fee, including prime and subcontractor/consultant, shall not exceed 3% of the estimated costs. This CLIN is valid during the three-year base period as well as any/all award term extensions earned by the contractor.

PURCHASE REQUEST NUMBER

MAX COST

\$0.00



ITEM NO SUPPLIES/SERVICES

MAX QUANTITY

UNIT UNIT PRICE

MAX AMOUNT

0004

1.00

Lot

\$

\$ NTE

Materials and STE

COST - Provide materials, special test equipment (STE), and associated services outlined in the individual task orders at the cost reimbursable amounts as approved by the T/OM and the Contracting Officer. NO FEE ON THIS CLIN. This CLIN is valid during the three-year base period as well as any/all award term extensions earned by the contractor.

PURCHASE REQUEST NUMBER

MAX COST

\$500.00

ITEM NO SUPPLIES/SERVICES

MAX

UNIT

UNIT PRICE

MAX AMOUNT

0005

QUANTITY 1.00

Lot

\$

\$ NTE

Travel

COST - Travel as directed in the individual task orders. Travel must be completed within the cost reimbursable amounts allowed per the Joint Travel Regulations and the DCAA-approved Company-Implemented Policy and Procedures. NO FEE ON THIS CLIN. This CLIN is valid during the three-year base period as well as any/all award term extensions earned by the contractor.

PURCHASE REQUEST NUMBER



\$10,000.00

BLOCK 17 (DD1155) CONTINUED:

TASK ORDER FUNDS REQUIRED

\$105,545

TASK ORDER FUNDS AVAILABLE

\$105,545

UNFUNDED BALANCE

\$0

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for

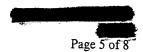


consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

			_
	DPPH	s ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	1,267	DPPHs	\$95,045
*CONSULTANT TOTAL	0	DPPHs	\$0
T/0 TOTAL LABOR	1,267	DPPHs	\$95,045
MATERIAL	NTE		\$500
TRAVEL	NTE		
T/O TOTAL			\$10,000
			\$105,545

^{**}Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.



STATEMENT OF WORK:

"FUNCTIONAL ENGINEERING AND PROGRAMMATIC SUPPORT FOR THE PROGRAM EXECUTIVE OFFICE, TACTICAL MISSILES (PEO-TM)" $\,$

- 1.0 Objective: The contractor shall provide programmatic support to the Program Executive Officer, Deputy Program Executive Officer and Staff.
- 2.0 The contractor shall observe and assess the current PEO-TM processes and the organization for conducting congressional activities and building budgets; provide recommendations for revisions to the current process or the creation of new processes; provide strategic planning, research, analysis, assessments and assistance to the PEO-TM in support of the Department of the Army budget process and annual congressional authorization and appropriations cycle. The primary focus will be on developing a congressional action plan to guide the PEO-TM during the PPBES cycle. The contractor shall conduct analyses to identify PEO-TM issues that may be of particular interest to Congress in the authorization and appropriations process. The contractor shall assist the PEO-TM in coordinating with other agencies that have an interest in PEO-TM programs to ensure effective execution of congressional activities. The contractor shall track congressional "marks" of programs of interest to the PEO-TM and as necessary, assist in developing responses to congressional actions, preparing briefings and supporting "what-if" exercises. Under no circumstances shall the contractor perform any service that could be deemed to fall within the definition of "lobbying" IAW FAR 31.205-22 and/or DFARS 31.205-22.
- 3.0 As a result of the efforts described in paragraphs 2.0 above, the contractor shall prepare briefings and reports as directed. The briefings will be presented locally, in Washington, DC and/or as executive briefings to be presented at the three and four star general officer level. Additionally, the contractor may be required to attend conferences and integrated program reviews, as well as other related meetings, to obtain data required in the performance of this statement of objectives. Briefings may be presented at the contractor's facility, the Program Executive Office or other government agencies. The contractor shall prepare high quality graphics and briefing materials; access will be provided to the PEO-TM facilities as necessary to complete these activities. This support will require rapid responses.
- 4.0 The contractor and/or subcontractor shall prepare and present deliverables in various media types. Due to the nature of staff responsibilities, the exact media type and number of copies will be defined for each briefing. Paper copies, transparencies, and electronic media may be required in either DOS or MAC versions.

PERIOD OF PERFORMANCE:



KEY PERSONNEL:

TBD

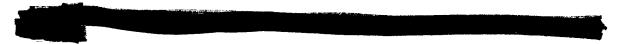
DELIVERABLES:

Item/Title	CDRL#	# Copies	Delivery Date
Task Order Management Plan	A001	1 *	Per CDRL
FMER	A003	1 *	Per CDRL
Interim Technical Report	A004	1	As Required



Monthly Performance Report	A004	1	8 th Day of Each Month
Final Technical Report	A005	2 */**	
Conference Minutes	A006	1	As Required
Data Accession List	A007	1	Per CDRL

* Plus Electronic Version.



ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$10,000

ESTIMATED COST FOR MATERIALS AND/OR SPECIAL TEST EQUIPMENT: The contractor has no authority to incur material costs without the explicit prior written approval of the contracting officer. Prior to forwarding requests to the contracting officer, the contractor shall obtain the Task Order Monitor's concurrence. Electronic Mail (email) shall be utilized for both steps in this process. Under no circumstance shall the contractor incur materials costs in excess of the NTE amount stated herein. NTE: \$500

SPECIAL INSTRUCTIONS:

Cost data shall be segregated/reported/vouchered/paid at the ACRN level.

The "Limitation of Funds" is applicable at the ACRN level.

The effort described in the Task Order Statement of Work, which is anticipated to be performed in FY02, is subject to the Clause at FAR 52.232-18, Availability of Funds.

All of the terms and conditions of the contract listed in Block 1 above are applicable to this T/O.

All of the provisions and clauses of the contract listed in Block 1 above are applicable to this T/O.

The following Government Furnished Property or Test Facilities are available for use in performance of this Task Order:

by the Task Order Monitor).

It is incumbent upon the contractor and/or subcontractor to ensure that appropriate Technical Assistance Agreements (TAAs) and/or applicable export licenses are in place before conducting any activity under the SOW which requires such approval and documentation.

TASK ORDER MONITOR:

MAILING ADDRESS: Program Executive Office,

ALTERNATE TASK ORDER MONITOR:

MAILING ADDRESS: Program Executive Office



SECTION G Contract Administration Data

\$34,101.00

AMOUNT:

ACCOUNTING AND APPROPRIATION DATA

AMENDMENT OF SOLICIT	ATION/MODIFIC	CATION OF CONTRACT		1. CONTRA	ACT ID CODE	PAGE OF PAGES
					0	1 2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DA	TE 4. REQUISITION/PURCHASE	REQ.	NO.	5. PROJECT NO	(If applicable)
01						
6. ISSUED BY	CODE	7. ADMINISTERED BY (If ot	ner than	item 6)	CODE	
				,		
8 NAME AND ADDRESS OF CONTRACTOR OF	T 0	1				
8. NAME AND ADDRESS OF CONTRACTOR (I	No., Street, County, State a	nd Zip Code)	9	A. AMENI	MENT OF SOLIC	TATION NO.
			9	B DATED	(SEE ITEM 11)	
					(ODE TIENT II)	
			x 1	OA. MOD.	OF CONTRACT/C	ORDER NO.
CODE CODE	FACILITY CODE		X	JB. DATEL	(SEE ITEM 13)	
		PLIES TO AMENDMENTS OF SOLIC		ONIC		
The above numbered solicitation is amended as set forth in	Item 14. The hour and date spec	ified for receipt of Offer		extended.		
Offer must acknowledge receipt of this amendment prior to					is not extended	1.
(-) - 5 Tomproming recitis 6 and 15, and returning	CODIES Of the amendment: (b	Du polynousindaine annaine a cut	_		culmitted.	
or (c) By separate letter or telegram which includes a refere					suomitted,	
REJECTION OF YOUR OFFER. If by virtue of this amen	dment you desire to change on a	O THE HOUR AND DATE SPECIFIED MAY I	RESULT	737		
- Branch of former infances reference to the soil	citation and mis amendment, and	is received prior to the opening hour and date sp	by telego ecified.	ram or letter,		
12. ACCOUNTING AND APPROPRIATION DATA	A (If required)					
See Schedule						
13. THIS IT	EM APPLIES ONLY TO	MODIFICATIONS OF CONTRACTS/C	RDER	S		
	JUFIES THE CONTRACT	ORDER NO. AS DESCRIBED IN ITEM	A 1.4			
A.THIS CHANGE ORDER IS ISSUED PURSUA CONTRACT ORDER NO. IN ITEM 10A.	NT TO: (Specify authorit	y) THE CHANGES SET FORTH IN IT	EM 14	ARE MAD	E IN THE	
CONTRACT ORDER NO. IN TIEM TOA.						
B.THE ABOVE NUMBERED CONTRACT/ORL office, appropriation date, etc.) SET FORTH I	ER IS MODIFIED TO RE	FLECT THE ADMINISTRATIVE CHA	NGES	(such as of	langer in position	
11 1	VIII ORGUNII	OTHE ATTHERTY OF FAU AS 102	(B).	(such as ci	langes in paying	
C.THIS SUPPLEMENTAL AGREEMENT IS EN	TERED INTO PURSUAN	T TO AUTHORITY OF:				
D.OTHER (Specify type of modification and author	prity)					
E. IMPORTANT: Contractor is not,	is required to sign thi	s document and return	conies	to the issui	ag office	
4. DESCRIPTION OF AMENDMENT/MODIFICA			copies	to the issuit	ig office.	
 DESCRIPTION OF AMENDMENT/MODIFICA where feasible.) 	TION (Organized by UCF	section headings, including solicitation/	contrac	t subject ma	atter	
See Continuation Pages						
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contra	•					
cept as provided herein, all terms and conditions of the documents. A. NAME AND TITLE OF SIGNER (Type or print)	t referenced in Item 9A or 10A,	as heretofore changed, remains unchanged and in	full force	and effect.		1
THE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTR	ACTIN	NG OFFICE	R (Type or print)	
B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA				
	C. DITTE GIGITED	İ	4		16C. DA	ATE SIGNED
(Signature of person authorized to sign)		BY				
CEPTION TO SE 30		(Signature of Contracting Officer	.)			narra e e e e e e e e e e e e e e e e e e

EXCEPTION TO SF 30 APPROVED BY OIRM 11-84

The purpose of this modification is to correct the long line accounting classification for ACRN AA. In order to do this, ACRN AA was reduced to "\$0" and ACRN AE was created as follows:

SUMMARY OF CHANGES

Changes in Section G
Summary for the Payment Office
The total funded amount of the contract remains unchanged.

(Contract Level Funding)

AE:

is increased by \$26,820.00 from \$0.00 to \$26,820.00

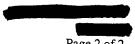
AA:

is decreased by \$26,820.00 from \$26,820.00 to \$0.00

AMENDMENT OF SOLICITA	1. CONTR	ACT ID CODE	PAGE OF PAGES		
AMENDMENT OF SOLICITA	TION/MODIFICA	TION OF CONTRACT	ļ	Υ	1 2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE RE	EQ. NO.	5. PROJECT N	O.(If applicable)
02					
6. ISSUED BY CO	DE TOTAL	7. ADMINISTERED BY (If other	than item 6)	CODE	
				_	
			.		
			_		
O NAME AND ADDRESS OF COMPA AFFOR AL			OA AMENT	DMENT OF COL	ICITATIONNO
8. NAME AND ADDRESS OF CONTRACTOR (No	o., Street, County, State and	Zip Code)	YA. AMEN.	DMENT OF SOL	ICH ATION NO.
			9B. DATEL	(SEE ITEM 11)	
		<u></u>			
			(10A. MOD.	OF CONTRACT	ORDER NO.
			10B. DATE	D (SEE ITEM 13	5)
CODE CODE	FACILITY CODE	>			
	. THIS ITEM ONLY APPL	IES TO AMENDMENTS OF SOLICIT	ATIONS		
The above numbered solicitation is amended as set forth in It	em 14. The hour and date specifie	ed for receipt of Offer	is extended,	is not exten	ded.
Offer must acknowledge receipt of this amendment prior to					
(a) By completing Items 8 and 15, and returning or (c) By separate letter or telegram which includes a referen	copies of the amendment; (b) B	y acknowledging receipt of this amendment on earth number. FALLIBE OF YOUR ACKNOW	ach copy of the off	er submitted;	
RECEIVED AT THE PLACE DESIGNATED FOR THE RI	ECEIPT OF OFFERS PRIOR TO	THE HOUR AND DATE SPECIFIED MAY RE	SULT IN	.c	
REJECTION OF YOUR OFFER. If by virtue of this amend	ment you desire to change an offer	r already submitted, such change may be made by	telegram or letter		
provided each telegram or letter makes reference to the solic		received prior to the opening hour and date speci	fied.		
12. ACCOUNTING AND APPROPRIATION DATA	(II required)				
13 THIS ITE	M A DOT THE ONLY TO M	ODIFICATIONS OF CONTRACTS/OR	DEDC		
		RDER NO. AS DESCRIBED IN ITEM			
A.THIS CHANGE ORDER IS ISSUED PURSUAL	NT TO: (Specify authority)	THE CHANGES SET FORTH IN ITEM	I 14 ARE MA	DE IN THE	
CONTRACT ORDER NO. IN ITEM 10A.					
B.THE ABOVE NUMBERED CONTRACT/ORD	ER IS MODIFIED TO REF	LECT THE ADMINISTRATIVE CHAP	IGES (such as	changes in naving	
office, appropriation date, etc.) SET FORTH IN	ITEM 14, PURSUANT TO	THE AUTHORITY OF FAR 43.103(B).	enanges in paying	
C.THIS SUPPLEMENTAL AGREEMENT IS ENT	TERED INTO PURSUANT	TO AUTHORITY OF:			
x D.OTHER (Specify type of modification and author	rity)				
Section I, Limitation of Funds and Section H,					
E. IMPORTANT: Contractor X is not,	is required to sign this	document and return c	opies to the iss	uing office.	
14. DESCRIPTION OF AMENDMENT/MODIFICAT	CION (Organized by LICE's	ection headings including solicitation/or	ontract subject	matter	
where feasible.)	(Organized by COI s	oonon mountage, menaning sonemations	ontract subject	manci	
See Continuation Pages.					
Contracting Office POC:					
Contractor POC:					İ
Except as provided herein, all terms and conditions of the documen	it referenced in Item 9A or 10A. as	s heretofore changed, remains unchanged and in f	ull force and effec	c .	İ
15A. NAME AND TITLE OF SIGNER (Type or print		16A. NAME AND TITLE OF CONTR.			nt)
150					
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA		16C	. DATE SIGNED
		BY			
(Signature of person authorized to sign)		(Signature of Contracting Officer)	<u> </u>		

EXCEPTION TO SF 30 APPROVED BY OIRM 11-84

30-105-04



SUMMARY OF CHANGES

Changes in Section B

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

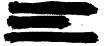
LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPHs	ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	1,051	DPPHs	\$95,045
*CONSULTANT TOTAL	0	DPPHs	\$0
T/0 TOTAL LABOR	1,051	DPPHs	\$95,045
MATERIAL	NTE		\$500
TRAVEL	NTE		\$10,000
T/O TOTAL			\$105,545

^{**}Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

Changes in Section C

KEY PERSONNEL:



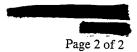
Changes in Section G

Summary for the Payment Office The total funded amount of the contract remains unchanged.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT					CT ID CODE	PAGE OF PAGES
					Y	1 2
2. AMENDMENT/MODIFICATION NO. 03	3. EFFECTIVE DAT	E 4. REQUISITION/PURCHASE F	REQ. N	Ο.	5. PROJECT NO	(If applicable)
	DE WOLDE					
U. ISSOED B1	DDE W31RPD	7. ADMINISTERED BY (If other	r than i	tem 6)	CODE	
8. NAME AND ADDRESS OF CONTRACTOR (N	o., Street, County, State and	1 Zip Code)	9.4	AMEND	MENT OF SOLIC	TITATION NO
	,,,,	2.24p Gode)				JIATION NO.
		İ	9B	. DATED	(SEE ITEM 11)	
and the second s		ŀ	y 10	A MOD (OF CONTRACT/O	DEDED NO
		<u> </u>	X 10		ST CONTRACTO	JADER NO.
CODE	FACILITY CODE	• • • • • • • • • • • • • • • • • • • •	X 101	B. DATED	(SEE ITEM 13)	
		LIES TO AMENDMENTS OF SOLICI		NG		
The above numbered solicitation is amended as set forth in I	tem 14. The hour and date specif	ied for receipt of Offer				<u>.</u>
Offer must acknowledge receipt of this amendment prior to				xtended,	is not extende	d.
(a) by completing items 8 and 15, and returning	copies of the amendment: (b)	By acknowledging receipt of this amendment on	aaah aan	af sha aff	submitted	
or (c) By separate letter or telegram which includes a referer	ace to the solicitation and amenda	nent numbers. EAST LIDE OF VOLID ACTIVATIONS	TEDOL		sacanted,	
RECEIVED AT THE PLACE DESIGNATED FOR THE R REJECTION OF YOUR OFFER. If by virtue of this amend	lment you desire to change an off	or already cubmitted, such above t 1		N		
provided duely elegranicor letter makes reference to the sono	itation and this amendment, and i	is received prior to the opening hour and date spec	offied.	m or letter,		
12. ACCOUNTING AND APPROPRIATION DATA	(If required)					
13. THIS IT	EM APPLIES ONLY TO M	ODIFICATIONS OF CONTRACTS/O	RDERS	3.		
A THIS CHANGE OPDED IS ISSUED BURGLE.	IFIES THE CONTRACT/C	ORDER NO. AS DESCRIBED IN ITEM	14.			
A.THIS CHANGE ORDER IS ISSUED PURSUA CONTRACT ORDER NO. IN ITEM 10A.	NTTO: (Specify authority)) THE CHANGES SET FORTH IN ITE	M 14 A	RE MADI	E IN THE	
B.THE ABOVE NUMBERED CONTRACT/ORD	ER IS MODIFIED TO REF	FLECT THE ADMINISTRATIVE CHA	NGES	(such as cl	nanges in naving	
The state of the s	TIEM 14, PURSUANT TO	O THE AUTHORITY OF FAR 43 1030	3).	(
C.THIS SUPPLEMENTAL AGREEMENT IS EN	I ERED INTO PURSUANT	TO AUTHORITY OF:				
D.OTHER (Specify type of modification and autho Section I, Limitation of Funds and Section H,	rity) Task Order Procedure					
E. IMPORTANT: Contractor X is not,	is required to sign this	document and return	copies t	o the issuin	ng office	
14. DESCRIPTION OF AMENDMENT/MODIFICAT	TION (Organized by UCF)					
	(organized by CCI)	section headings, including solicitations	ontract	subject ma	atter	
See Continuation Pages.						
Contracting Office POC:						
Contractor POC:						
except as provided herein, all terms and conditions of the documen	t referenced in Item 9A or 10A, a	s heretofore changed, remains unchanged and in f	ull force	and effect		
5A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTR	ACTIN	G OFFICI	ER (Type or print)	
5B. CONTRACTOR/OFFEROR	15C. DATE SIGNED					
	DITTE STONED	16B. UNITED STATES OF AMERICA			16C. D	ATE SIGNED
(Signature of person authorized to sign)		Signature of Court of Court				
CYCEPTION TO SE 20		(Signature of Contracting Officer))		,	

EXCEPTION TO SF 30 APPROVED BY OIRM 11-84

30-105-04



SUMMARY OF CHANGES

Changes in Section B

CLIN 0001

The total CLIN cost has increased from \$95,045.00 by \$1,661.00 to \$96,706.00 The estimated/max cost has increased from \$95,045.00 by \$1,661.00 to \$96,706.00

CLIN 0005

The total CLIN cost has decreased from \$10,000.00 by \$1,661.00 to \$8,339.00 The estimated/max cost has decreased from \$10,000.00 by \$1,661.00 to \$8,339.00

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPHs	ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	1,051	DPPHs	\$96,706
*CONSULTANT TOTAL	0	DPPHs	\$0
T/0 TOTAL LABOR	1,051	DPPHs	\$96,706
MATERIAL	NTE		\$500
TRAVEL	NTE		\$8,339
T/O TOTAL		•,	\$105,545

^{**}Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

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Changes in Section G
Summary for the Payment Office

The total funded amount of the contract remains unchanged.

AMENDMENT OF SOLICITA	1. CONTR	ACT ID CODE Y	PAGE OF	PAGES 2		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REC	Q. NO.	5. PROJECT N	O.(If applical	ble)
04						
6. ISSUED BY COL	DE COMPANY	7. ADMINISTERED BY (If other the	nan item 6)	CODE		
8. NAME AND ADDRESS OF CONTRACTOR (No.	, Street, County, State and Z	(ip Code)	9A. AMEN	DMENT OF SOL	ICITATION	NO.
	•		9B. DATE	O (SEE ITEM 11)		
		x		OF CONTRACT	1	Э.
CODE TOTAL	FACILITY CODE	x	10B. DATE	ED (SEE ITEM 13	3)	
		ES TO AMENDMENTS OF SOLICITA	TIONS			
The above numbered solicitation is amended as set forth in Ite	m 14. The hour and date specified	for receipt of Offer	is extended,	is not exten	ided.	
Offer must acknowledge receipt of this amendment prior to the (a) By completing Items 8 and 15, and returning or (c) By separate letter or telegram which includes a reference RECEIVED AT THE PLACE DESIGNATED FOR THE RESIDECTION OF YOUR OFFER. If by virtue of this amendate provided each telegram or letter makes reference to the solicited 12. ACCOUNTING AND APPROPRIATION DATA	copies of the amendment; (b) By the to the solicitation and amendme CEIPT OF OFFERS PRIOR TO To nent you desire to change an offer tation and this amendment, and is	y acknowledging receipt of this amendment on ear nt numbers. FAILURE OF YOUR ACKNOWLE THE HOUR AND DATE SPECIFIED MAY RES already submitted, such change may be made by	ch copy of the of DGMENT TO I ULT IN telegram or lette	BE		_
IT MODI	FIES THE CONTRACT/OF	DDIFICATIONS OF CONTRACTS/OR RDER NO. AS DESCRIBED IN ITEM 1	4.			
A.THIS CHANGE ORDER IS ISSUED PURSUAN CONTRACT ORDER NO. IN ITEM 10A.	VT TO: (Specify authority)	THE CHANGES SET FORTH IN ITEM	I 14 ARE MA	DE IN THE		
B.THE ABOVE NUMBERED CONTRACT/ORDS office, appropriation date, etc.) SET FORTH IN				changes in paying	3	
C.THIS SUPPLEMENTAL AGREEMENT IS ENT			·			
X D.OTHER (Specify type of modification and author Unilateral - Section H: "Task Order Procedure"						
E. IMPORTANT: Contractor X is not,	is required to sign this	document and return co	pies to the is	suing office.		
14. DESCRIPTION OF AMENDMENT/MODIFICAT where feasible.) See Continuation Page: Contractor POC	TON (Organized by UCF so	ection headings, including solicitation/cc	ntract subject	matter		
Except as provided herein, all terms and conditions of the document 15A. NAME AND TITLE OF SIGNER (Type or print		s heretofore changed, remains unchanged and in f 16A. NAME AND TITLE OF CONTR			int)	
15D CONTRACTOR/OFFEDOR	150 DATE COMP	ICD INTERD STATES OF AMERICA		14	C DATE OF	CNIED
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY			C. DATE SIC	חשאונ
(Signature of person authorized to sign)	1	(Signature of Contracting Officer	`			₹

(Signature of person autho EXCEPTION TO SF 30 APPROVED BY OIRM 11-84

30-105-04

SUMMARY OF CHANGES

Changes in Section B

CLIN 0001

The total CLIN cost has decreased from \$96,706.00 by \$4,001.00 to \$92,705.00 The estimated/max cost has decreased from \$96,706.00 by \$4,001.00 to \$92,705.00

CLIN 0005

The total CLIN cost has increased from \$8,339.00 by \$4,001.00 to \$12,340.00 The estimated/max cost has increased from \$8,339.00 by \$4,001.00 to \$12,340.00

BLOCK 18 (DD1155) CONTINUED:

	DPPHs ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	1,000 DPPHs	\$ 92,705
*CONSULTANT TOTAL	0 DPPHs	\$ 0
T/0 TOTAL LABOR	1,000 DPPHs	\$ 92,705
MATERIAL	NTE	\$ 500
TRAVEL	NTE	\$ 12,340
T/O TOTAL		\$ 105,545

Changes in Section C

ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$12,340

Changes in Section G

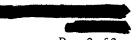
Summary for the Payment Office

The total funded amount of the contract remains unchanged.

AMENDMENT OF SOI	ICITATION/MODII	FICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
		Territor of Contract	Y	1 2
2. AMENDMENT/MODIFICATION NO. 05	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJE	CT NO.(If applicable)
£ 100.		PF2E9BCJ2K-BASIC		
6. ISSUED BY	ODE	7. ADMINISTERED BY (If other than item 6)	CODE	
8 NAME AND ADDRESS OF CONTRAC	TOD (VI. C C			
8. NAME AND ADDRESS OF CONTRAC	IOR (No., Street, County, Stat	te and Zip Code)	9A. AMENDMENT OF S	OLICITATION NO.
			9B. DATED (SEE ITEM	[1)
			Control of the contro	.1)
			x 10A. MOD. OF CONTRA	CT/ORDER NO.
			10D DATED (GET MEN)	
CODE CODE	FACILITY COL	DE .	X 10B. DATED (SEE ITEM	1 13)
		APPLIES TO AMENDMENTS OF SOLIC		
The above numbered solicitation is amended as so	t forth in Item 14. The hour and date	specified for receipt of Offer		
Offer must acknowledge receipt of this amendment		in the solicitation or as amended by one of the follow	is extended, is not en	itended.
(a) 2) completing runns a and 15, and returning	CODIES Of the amendmen	it (h) By acknowledging receipt of this and t		
or (c) By separate letter or telegram which includ				
THE PERIOD IN	A THE RECEIPT OF OFFERS PRIC	DR TO THE HOUR AND DATE SPECIFIED MAY an offer already submitted, such change may be mad	DECLE TO TAT	
provided each telegram or letter makes reference	to the solicitation and this amendment	an orier aiready submitted, such change may be mad , and is received prior to the opening hour and date s	e by telegram or letter,	
2. ACCOUNTING AND APPROPRIATION	N DATA (If required)	The state of the s	pecined.	· · · · · · · · · · · · · · · · · · ·
	• •			
13.	THIS ITEM APPLIES ONLY	TO MODIFICATIONS OF CONTRACTS/	ODDERG	
	T MODIFIES THE CONTRA	CT/ORDER NO AS DESCRIBED IN THE	7M 14	
A. THIS CHANGE ORDER IS ISSUED I	URSHANT TO: (Specify out)	ority) THE CHANGES SET FORTH IN I	TEM 14 ARE MADE IN THE	
CONTRACT ORDER NO. IN ITEM 1	0A.		-2. TO THE MADE IN THE	
B. THE ABOVE NUMBERED CONTRA office, appropriation date, etc.) SET FO	CT/ORDER IS MODIFIED TO	DEEL ECT THE A DAMPHOOD A TOTAL		
			HANGES (such as changes in pay	ing
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSU	JANT TO AUTHORITY OF:	(D).	
(D. OTHER (Specify type of modification a Unilateral: Sec I, Limitation of Funds a	nd authority) nd Sec H. Task Ordor Brook	and the same of th		
E. IMPORTANT: Contractor X is n		·		
		this document and return	copies to the issuing office.	
 DESCRIPTION OF AMENDMENT/MOI where feasible.) 	DIFICATION (Organized by U	ICF section headings, including solicitation	/contract subject matter	· · · · · · · · · · · · · · · · · · ·
Due to a Standard Procurement System	defect, the date in block 10h	of the SE30 is inconurate	,	
That date should be	The second second for	of the of oo is maccurate.		
See Continuation Page				
Contractor POC: Contracts POC:				
John Gold Too.				
cept as provided herein, all terms and conditions of the	document reference 3 to Tr. O			
cept as provided herein, all terms and conditions of the A. NAME AND TITLE OF SIGNER (Type	or print)	UA, as heretofore changed, remains unchanged and in	n full force and effect.	
	or print)	16A. NAME AND TITLE OF CONT	RACTING OFFICER (Type or pr	rint)
B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERIC	'Λ	
			16	C. DATE SIGNED
(Signature of person authorized to sign)		BY (Signature of Grand in 1965)		
XCEPTION TO SF 30		(Signature of Contracting Office	27)	

APPROVED BY OIRM 11-84

30-105-04



SUMMARY OF CHANGES

PERIOD OF PERFORMANCE:

DELIVERABLES:

Item/Title	CDRL#	# Copies	Delivery Date.
Task Order Management Plan	A001	1 *	Per CDRL
FMER	A003	1 *	Per CDRL
Interim Technical Report	A004	1	As Required
Monthly Performance Report	A004	1	8 th Day of Each Month
Final Technical Report	A005	2 */**	30 Sep 2003
Conference Minutes	A006	1	As Required
Data Accession List	A007	1	Per CDRL

^{*} Plus Electronic Version.

AMENDMENT OF SOLIC	CITATION/MODI	FICATION OF CONTRACT	1. CONTRAC	T ID CODE	PAGE OF PAGE
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	\		1 4
06	THE THE BATE	4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT	NO.(If applicable)
6. ISSUED BY COD	E	7. ADMINISTERED BY (If other than item 6)			
		(If other than tem 6)	C	ODE	
8. NAME AND ADDRESS OF CONTRACTO	P (No Street County St.		T. T		
S C CONTRACTO	K (No., Succe, County, Sta	te and Zip Code)	9A. AMENDN	MENT OF SOL	ICITATION NO.
			9B. DATED (S	SEE ITEM 11)	
			104 MOD O	CONTRA C	
			X 10A. MOD. O		}
CODE	FACILITY COL		10B. DATED	(SEE ITEM 13	3)
		APPLIES TO AMENDMENTS OF SOLIC	X	<u> </u>	
The above numbered solicitation is amended as set for	rth in Item 14. The hour and date	specified for receipt of Offer	is extended		
Offer must acknowledge receipt of this amendment re	rior to the hour and date specified	in the solicitation or as amended by one of the follow	L	is not extend	ded.
or (c) By separate letter or telegram which includes a	reference to the solicited and an animal	nt; (b) By acknowledging receipt of this amendment of	n each copy of the offer si	ubmitted;	
or (c) By separate letter or telegram which includes a RECEIVED AT THE PLACE DESIGNATED FOR REJECTION OF YOUR OFFER. If he will not a feet in	THE RECEIPT OF OFFEDS DO	mendment numbers. FAILURE OF YOUR ACKNO	WLEDGMENT TO BE		
REJECTION OF YOUR OFFER. If by virtue of this provided each telegram or letter makes reference to the					
2. ACCOUNTING AND APPROPRIATION D	and mineralitical	, and is received prior to the opening hour and date sp	pecified.		
See Schedule	····· (ir required)			·····	
13. THI	S ITEM APPLIES ONLY	TO MODIFICATIONS OF CONTRACTS/	OPDERC		
	MODIFIES THE CONTRA	CT/ORDER NO AS DESCRIBED IN THE			
A. THIS CHANGE ORDER IS ISSUED PUR CONTRACT ORDER NO. IN ITEM 10A.	RSUANT TO: (Specify aut)	nority) THE CHANGES SET FORTH IN 17	EM 14 ARE MADE	IN THE	
B. THE ABOVE NUMBERED CONTRACTOR office, appropriation date, etc.) SET FORTOR C. THIS SUPPLEMENTAL ACREEMENTAL	ORDER IS MODIFIED TO THIN ITEM 14 PURSUAN	REFLECT THE ADMINISTRATIVE CH	ANGES (such as cha	nges in paying	
C. THIS SUPPLEMENTAL AGREEMENT I	S ENTERED INTO PURSU	JANT TO AUTHORITY OF FAR 43.103	(B).		
D. OTHER (Specify type of modification and					
Unilateral: Sec I, Limitation of Funds and	authority) Sec H. Task Order Proce	edure			
. IMPORTANT: Contractor X is not,		this document and return			
4. DESCRIPTION OF AMENDMENT/MODIF where feasible.)	ICATION (Organized by I	ICE	copies to the issuing	office.	
where feasible.) See Continuation Pages	CATION (Organized by C	CF section headings, including solicitation	contract subject matt	er	
Contractor POC:					
Contracts POC:					
Oue to a Standard Procurement System det					
Due to a Standard Procurement System def	ect, the date in block 10b	of the SF30 may be inaccurate.			
CORT OF PROVIDE A LANCE WAS					
ept as provided herein, all terms and conditions of the doc A. NAME AND TITLE OF SIGNER (Type or p	ument referenced in Item 9A or 10	OA, as heretofore changed, remains unchanged and in	full force and effect.		
TITLE OF STORER (Type or p	n iiil)	16A. NAME AND TITLE OF CONTI	RACTING OFFICER	(Type or print)	
COMPA A GROOT					_
B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	Λ	140.7	
		- SECTION OF AMERICA	•	116С Г	ATE SIGNED
(Signature of person authorized to sign)	_	BY BY	`	16C. D	DATE SIGNED

APPROVED BY OIRM 11-84

30-105-04

SUMMARY OF CHANGES

SECTION A - SOLICITATION/CONTRACT FORM

The total cost of this contract was increased by \$46,500.00 from \$105,545.00 to \$152,045.00.

SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0001

The estimated/max cost has increased by \$34,500.00 from \$92,705.00 to \$127,205.00. The total cost of this line item has increased by \$34,500.00 from \$92,705.00 to \$127,205.00.

CLIN 0005

The estimated/max cost has increased by \$12,000.00 from \$12,340.00 to \$24,340.00. The total cost of this line item has increased by \$12,000.00 from \$12,340.00 to \$24,340.00.

The following have been modified:

BLOCK 17/BLOCK 18 CONTINUED

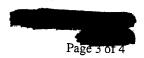
ACRN AF: EXPIRATION OF FUNDS (HOWEVER, ACRN AF FUNDING MUST BE EXPENDED UNLESS THE PERIOD OF PERFORMANCE OF THIS TASK ORDER IS EXTENDED BY THE GOVERNMENT).

TASK ORDER FUNDS REQUIRED	\$152,045
TASK ORDER FUNDS AVAILABLE	\$152,045
UNFUNDED BALANCE	\$0

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPH	ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	1,372	DPPHs	\$ 127,205
*CONSULTANT TOTAL	0	DPPHs	\$ 0
T/0 TOTAL LABOR	1,372	DPPHs	\$ 127,205
MATERIAL	NTE		\$ 500



TRAVEL

NTE

\$ 24,340

T/O TOTAL

\$ 152,045

SECTION C - DESCRIPTIONS AND SPECIFICATIONS

The following have been modified:

DELIVERABLES:

Item/Title	CDRL#	# Copies	Delivery Date
Task Order Management Plan	A001	1 *	Per CDRL
FMER	A003	1 *	Per CDRL
Interim Technical Report	A004	1	As Required
Monthly Performance Report	A004	1	8 th Day of Each Month
Final Technical Report	A005	2 */**	
Conference Minutes	A006	1	As Required
Data Accession List	A007	1	Per CDRL

ADDITIONAL DELIVERABLES REQUIRED FOR O&MA FUNDING:

ACRN AF

A005

1 *

24 FEB 03



ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$24,340

G SPECIAL INSTRUCTIONS SPECIAL INSTRUCTIONS:

ACRN AF

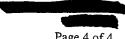
These

funds are to be accounted for separately and shall not be mingled with any other ACRNs within this Task Order.

SECTION G - CONTRACT ADMINISTRATION DATA

^{**}Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

^{*} Plus Electronic Version.



Accounting and Appropriation

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by \$46,500.00 from \$105,545.00 to \$152,045.00.

Contract Level Funding:

was increased by \$21,850.00 from \$0.00 to \$21,850.00 The contract ACRN AF has been added.

was increased by \$4,750.00 from \$0.00 to \$4,750.00 The contract ACRN AG has been added.

AJ:€

was increased by \$1,900.00 from \$0.00 to \$1,900.00 The contract ACRN AJ has been added.

AH:

was increased by \$18,000.00 from \$0.00 to \$18,000.00 The contract ACRN AH has been added.

(End of Summary of Changes)

				CONTRACT ID CODE		
\mathcal{A} . AMENDMENT OF S	OLICITATION/MODIFIC	CATION OF CONTRACT		Y	PAGE OF	PAGES 1 2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.		5. PROJE	CT NO.(If applicable)	1
07						
6. ISSUED BY	ODE	7. ADMINISTERED BY (If other than item 6)	-	CODE		
8. NAME AND ADDRESS OF CONTRACTOR (N	lo Street County Seats and Zin Code	<u></u>	1 198		(
at the party apparent of contractor (in	o., street, County, state and hip Code	;)		MENDMENT OF SOL	CITATION NO.	
			9B. I	DATED (SEE ITEM 11)		
			× 10A	MOD OF CONTRACT	ORDER NO.	
				DATED (SEE ITEM 13	J	
CODE	FACILITY CODE		x	DATED (SEE ITEM 13	,	
		APPLIES TO AMENDMENTS OF SOL	ICITATIONS			
The above numbered solicitation is amended as set forth in	•		is ender	nded, is not e	nended.	
Offer must acknowledge receipt of this amendment prior (a) By completing froms 8 and 15, and returning	copies of the amendment; (b)	By acknowledging receipt of this amendment on e	ach copy of the offer sub-	ninad;		
or (c) By separate letter or telegram which includes a refe RECEIVED AT THE PLACE DESIGNATED FOR THE	rence to the solicitation and amendment number	DE FAILURE OF YOUR ACKNOWLEDOMEN	т то ве			
REJECTION OF YOUR OFFER. If by virtue of this am provided each telegram or letter makes reference to the so	endment you desire to change an offer already a	submitted, such change may be made by telepram a	or letter, .			
12. ACCOUNTING AND APPROPRIATION DATA		pnor to the opening hour and date specified.				
	. ()					
		O MODIFICATIONS OF CONTRACTS				··· , ····
A. THIS CHANGE ORDER IS ISSUED PURSU		CT/ORDER NO. AS DESCRIBED IN IT				<u> </u>
CONTRACT ORDER NO. IN ITEM 10A.	(-p)		MADEINTHE			
B. THE ABOVE NUMBERED CONTRACT/OR	DER IS MODIFIED TO REFLECT T	HE ADMINISTRATIVE CHANGES (suc	h as changes in pavi	ne		
office, appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMENT IS E	IN ITEM-14, PURSUANT TO THE A	UTHORITY OF FAR 43, 103(B).				
O THE STATE OF THE	TIBILLO INTO TORSONNI TO AC	INORTY OF:	•			
 D. OTHER (Specify type of modification and aut Unitateral; Section H. Task Order Procedure 	nonity)					
E. IMPORTANT: Contractor X is n	ot, is required to sign thi	s document and return	copies to th	e issuing office.		
14. DESCRIPTION OF AMENDMENT/MODIFICA	TION (Organized by UCF section he	adings, including solicitation/contract sub	ject matter			
where feasible.) "See Continuation Page"			•			
Due to a Standard Procurement System defect	the date in Riock 10R of the SE37	may be inconvente. That date about				
	, air 40.0 ii/ block 105 G air 51 50	s may be maccolate. That date should	De			
Contracting POC Contractor POC:						
Except as provided herein, all terms and conditions of the docume	ent referenced in hem 9A or 10A, as heresofore	channed remains unchanged and in full force and	effice.			
15A. NAME AND TITLE OF SIGNER (Type or prin	()	16A NAME AND TITLE OF CON		ER (Type or print)		
					_	
ISB. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B, UNITED STATES OF AMERI	CA	TI TI	6C. DATE SIGNE	ED.
		ву				
(Signature of person authorized to sign) EXCEPTION TO SF 30		(Signature of Contracting Of	ficer)			
APPROVED BY OIRM 11-84	·	0-105-04		STANDARD FO Prescribed by GS	RM 30 (Rev. 10-8:	3)
				FAR (48 CFR) 53		



SUMMARY OF CHANGES

SECTION B - SUPPLIES OR SERVICES AND PRICES

The following have been modified:

BLOCK 17/BLOCK 18 CONTINUED (HOWEVER, ACRN AF FUNDING MUST BE EXPENDED ACRN AF: EXPIRATION OF FUNDS -UNLESS THE PERIOD OF PERFORMANCE OF THIS TASK ORDER IS EXTENDED BY THE

GOVERNMENT).

TASK ORDER FUNDS REQUIRED

\$152,045

TASK ORDER FUNDS AVAILABLE

\$152,045

UNFUNDED BALANCE

\$0

SECTION C - DESCRIPTIONS AND SPECIFICATIONS

The following have been modified:

D DELIVERABLES

DELIVERABLES:

Item/Title	CDRL#	# Copies	Delivery Date
Task Order Management Plan	A001	1 *	Per CDRL
FMER	A003	1 *	Per CDRL
Interim Technical Report	A004	1	As Required
Monthly Performance Report	A004	1	8th Day of Each Month
Final Technical Report	A005	2 */**	
Conference Minutes	A006	1	As Required
Data Accession List	A007	1	Per CDRL

ADDITIONAL DELIVERABLES REQUIRED FOR O&MA FUNDING:

ACRN AF

A005

* Plus Electronic Version.

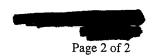
(End of Summary of Changes)



AMENDMENT OF SOLICIT	ATION/MODIF	FICATION OF CONTRACT	1. CONTRACT	ID CODE	PAGE OF	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	1	5. PROJECT N	1 1	2
08	J. ENTECTIVE DATE	4. REQUISITION ORCHASE REQ. NO.		J. PROJECT N	О.(п аррпса	ole)
6. ISSUED BY CODE		7. ADMINISTERED BY (If other than item 6)	CO	DE DE		
8. NAME AND ADDRESS OF CONTRACTOR (N	lo., Street, County, Star	te and Zip Code)	9A. AMENDME	ENT OF SOLI	CITATION	I NO.
		<u> </u>	9B. DATED (SE	EE ITEM 11)		
		_	100 100 00			
		;	10A. MOD. OF	CONTRACT	ORDER N	О.
			10B. DATED (S	SEE ITEM 13))	
CODE 1VDA4	FACILITY COL	DE I	ATIONIC .		·	
The above numbered solicitation is amended as set forth in		APPLIES TO AMENDMENTS OF SOLICIT	is extended,	is not extend		
Offer must acknowledge receipt of this amendment prior to		L.		is not extend	lea.	
(a) By completing Items 8 and 15, and returning or (c) By separate letter or telegram which includes a refer RECEIVED AT THE PLACE DESIGNATED FOR THE REJECTION OF YOUR OFFER. If by virtue of this amer provided each telegram or letter makes reference to the sol	copies of the amendment ence to the solicitation and a RECEIPT OF OFFERS PRI- adment you desire to change	nt; (b) By acknowledging receipt of this amendment on e unendment numbers. FAILURE OF YOUR ACKNOWL OR TO THE HOUR AND DATE SPECIFIED MAY RE an offer already submitted, such change may be made b	ach copy of the offer sul LEDGMENT TO BE SULT IN y telegram or letter,	bmitted;		
12. ACCOUNTING AND APPROPRIATION DATA	A (If required)					***************************************
		TO MODIFICATIONS OF CONTRACTS/OF ACT/ORDER NO. AS DESCRIBED IN ITEM				
A. THIS CHANGE ORDER IS ISSUED PURSU CONTRACT ORDER NO. IN ITEM 10A.				IN THE		
B. THE ABOVE NUMBERED CONTRACT/OR office, appropriation date, etc.) SET FORTH I	DER IS MODIFIED T	O REFLECT THE ADMINISTRATIVE CHA	NGES (such as cha	nges in paying		
C. THIS SUPPLEMENTAL AGREEMENT IS E			,).		,	
X D. OTHER (Specify type of modification and auti Unilateral, Section H, Task Order Procedure	hority)					
E. IMPORTANT: Contractor X is not,	is required to sig	gn this document and return	copies to the issuing	office.		
DESCRIPTION OF AMENDMENT/MODIFICATION where feasible.) "See Continuation Page"	ATION (Organized by	UCF section headings, including solicitation/c	ontract subject matt	er		
Due to a Standard Procurement System defect	t, the date in Block 10	DB of the SF30 may be inaccurate. That d	ate should be			
Contracting POC:				_		
Contractor POC:						
						Ì
except as provided herein, all terms and conditions of the docum	ent referenced in Item 9A or	r 10A, as heretofore changed, remains unchanged and in	full force and effect.			
5A. NAME AND TITLE OF SIGNER (Type or prin	nt)	16A. NAME AND TITLE OF CONTR	ACTING OFFICE	R (Type or prin	t)	
5B. CONTRACTOR/OFFEROR	15C. DATE SIGNEI	16B. UNITED STATES OF AMERICA	1	16C.	DATE SIC	NED
		BY				
(Signature of person authorized to sign)		(Signature of Contracting Officer)	-		'

EXCEPTION TO SF 30 APPROVED BY OIRM 11-84

30-105-04



SUMMARY OF CHANGES

SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0001

The estimated/max cost has increased by \$10,436.00 from \$127,205.00 to \$137,641.00. The total cost of this line item has increased by \$10,436.00 from \$127,205.00 to \$137,641.00.

CLIN 0005

The estimated/max cost has decreased by \$10,436.00 from \$24,340.00 to \$13,904.00. The total cost of this line item has decreased by \$10,436.00 from \$24,340.00 to \$13,904.00.

The following have been modified:

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPHs	ORDERED	NTE	AMOUNT
FIXED-PRICE LABOR TOTAL	1,755	DPPHs	\$ 137	,641
*CONSULTANT TOTAL	0	DPPHs	\$	0
T/0 TOTAL LABOR	1,755	DPPHs	\$ 137	,641
MATERIAL	NTE		\$	500
TRAVEL	NTE		\$ 13	,904
T/O TOTAL			\$ 152	,045

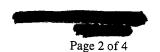
^{**}Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

(End of Summary of Changes)

AMENDMENT OF SOLICIT	TATION/MODIF	FICATION OF CONTRACT	1. CONTRACT	ID CODE	PAGE OF	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT N	O.(If applica	4
09						,
6. ISSUED BY CODE		7. ADMINISTERED BY (If other than item 6)	CO	DE C		
				-		
8. NAME AND ADDRESS OF CONTRACTOR	No., Street, County, Stat	te and Zip Code)	9A. AMENDME	NT OF SOLI	CITATION	NO.
		-	9B. DATED (SE	EE ITEM 11)		
		x	10A_MOD, OF	CONTRACTA	ORDER N	O.
CODE CODE	In an imi con	X	10B. DATED (S	SEE ITEM 13)		
CODE	FACILITY COD 11. THIS ITEM ONLY	APPLIES TO AMENDMENTS OF SOLICITA				
The above numbered solicitation is amended as set forth i			is extended,	is not extende	ed.	
Offer must acknowledge receipt of this amendment prior (a) By completing Items 8 and 15, and returning or (c) By separate letter or telegram which includes a refe RECEIVED AT THE PLACE DESIGNATED FOR THE REJECTION OF YOUR OFFER. If by virtue of this am provided each telegram or letter makes reference to the se	copies of the amendment rence to the solicitation and as RECEIPT OF OFFERS PRICendment you desire to change policitation and this amendment	at; (b) By acknowledging receipt of this amendment on ea mendment numbers. FAILURE OF YOUR ACKNOWLE OR TO THE HOUR AND DATE SPECIFIED MAY RES an offer already submitted, such change may be made by	ch copy of the offer sub EDGMENT TO BE ULT IN	omitted;		
12. ACCOUNTING AND APPROPRIATION DATES	ΓA (If required)					
	TEM APPLIES ONLY	TO MODIFICATIONS OF CONTRACTS/ORI	NEB C			
IT MO	DIFIES THE CONTRA	CT/ORDER NO. AS DESCRIBED IN ITEM 1	4.			;
A. THIS CHANGE ORDER IS ISSUED PURST CONTRACT ORDER NO. IN ITEM 10A.						
B. THE ABOVE NUMBERED CONTRACT/O office, appropriation date, etc.) SET FORTH	IN ITEM 14, PURSUAL	VI TO THE AUTHORITY OF FAR 43.103(B)	IGES (such as char	nges in paying		
C. THIS SUPPLEMENTAL AGREEMENT IS I	ENTERED INTO PURS	UANT TO AUTHORITY OF:				
D. OTHER (Specify type of modification and au Unilateral; Section I, Limitation of Funds and	thority) I Sec H, Task Order Pi	rocedure				
E. IMPORTANT: Contractor X is not,	is required to sign	n this document and return co	pies to the issuing	office.		
4. DESCRIPTION OF AMENDMENT/MODIFIC where feasible.) "See Continuation Page"	ATION (Organized by I	UCF section headings, including solicitation/co.	ntract subject matte	er		
Due to a Standard Procurement System defect	ct, the date in Block 10	B of the SF30 may be inaccurate.				
Contracting POC:						ŀ
Contractor POC:						
						l
xcept as provided herein, all terms and conditions of the docur	nent referenced in Item 9A or					
5A. NAME AND TITLE OF SIGNER (Type or pri	nt)	16A. NAME AND TITLE OF CONTRA	CTING OFFICER	(Type or print)		
5B. CONTRACTOR/OFFEROR	15C. DATE SIGNED			16C. I	DATE SIG	NED
(Signature of person authorized to sign)	-	(Signature of Contracting Officer)				.

EXCEPTION TO SF 30 APPROVED BY OIRM 11-84

30-105-04



SUMMARY OF CHANGES

SECTION A - SOLICITATION/CONTRACT FORM

The total cost of this contract was increased by \$49,524.00 from \$152,045.00 to \$201,569.00.

SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0001

The estimated/max cost has increased by \$47,524.00 from \$137,641.00 to \$185,165.00. The total cost of this line item has increased by \$47,524.00 from \$137,641.00 to \$185,165.00.

CLIN 0005

The estimated/max cost has increased by \$2,000.00 from \$13,904.00 to \$15,904.00. The total cost of this line item has increased by \$2,000.00 from \$13,904.00 to \$15,904.00.

The following have been modified:

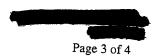
BLOCK 17/BLOCK 18 CONTINUED

TASK ORDER FUNDS REQUIRED	\$201,569
TASK ORDER FUNDS AVAILABLE	\$201,569
UNFUNDED BALANCE	\$0

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

	DPPHs	ORDERED	NTE AMOUNT
FIXED-PRICE LABOR TOTAL	2,360	DPPHs	\$ 185,165
*CONSULTANT TOTAL	0	DPPHs	\$ 0
T/0 TOTAL LABOR	2,360	DPPHs	\$ 185,165
MATERIAL	NTE		\$ 500
TRAVEL	NTE		\$ 15,904
T/O TOTAL			\$ 201,569

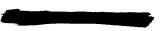


**Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

SECTION C - DESCRIPTIONS AND SPECIFICATIONS

The following have been modified:

PERIOD OF PERFORMANCE:



DELIVERABLES:

Itam / Tital			
Item/Title	CDRL#	# Copies	Delivery Date
Task Order Management Plan	A001	1 *	Per CDRL
FMER	A003	1 *	Per CDRL
Interim Technical Report	A004	1	As Required
Monthly Performance Report	A004	1	8 th Day of Each Month
Final Technical Report	A005	2 */**	31 Dec 2003
Conference Minutes	A006	1	-
Data Accession List	A007	1	As Required
		4	Per CDRL

ADDITIONAL DELIVERABLES REQUIRED FOR O&MA FUNDING:

			= - ,
ACRN AF	A005		
	A003	1 *	31 Dec 03

^{*} Plus Electronic Version.

ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$ 15,904

SECTION G - CONTRACT ADMINISTRATION DATA

Accounting and Appropriation

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by \$49,524.00 from \$152,045.00 to \$201,569.00.

Contract Level Funding:

AK: was increased by \$49,524.00 from \$0.00 to \$49,524.00 The contract ACRN AK has been added.

^{**} One (1) hardcopy to the T/OM, and one (1) hardcopy to the SMDC Command Library (SMDC-IM-PL).

(End of Summary of Changes)

·A

			FICATION OF CONTRACT		1 Y	,	PAGE OF P
2. AMENDMENT/MODIFICAT	ion no.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.			6 PROJECT	1 1
10						5. PROJECT	NO.(If applicable)
6. ISSUED BY	CODE		7. ADMINISTERED BY (If other than item 6)				
			(If other than item 6)		C	ODE	
		•					_
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8. NAME AND ADDRESS DYNETICS, CAS & DAVIDSON	OF CONTRACTOR	(No Street County Star	17. 6.1				
990 EXPLORER BLVD	I, LLC	(110., Bulcot, County, Stat	e and Zip Code)	9/	A. AMENDM	ENT OF SOL	ICITATION N
HUNTSVILLE AL 35806				07	DATED (C	****	
					S. DATED (S	EE ITEM 11)	
				V 10	A MOD OF	CONTRACT	(Opper
				X	A. MOD. OI	CONTRACT	ORDER NO.
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		FACILITY COD	E	JX I			,
The above numbered solicitati	On is amended as set food	11. THIS ITEM ONLY	APPLIES TO AMENDMENTS OF SOLIC	ITATIO	NS		
Offer must acknowled	a michaeu as sei iorth	in Item 14. The hour and date s	specified for receipt of Offi-			is not extend	ed.
(a) By completing Items 8 and	pt of this amendment price	or to the hour and date specified	in the solicitation or as amended by one of the follow		' !		cu.
Of (c) By separate letter or tele	oram which include:	- Prot of the inficialities	i, (b) by acknowledging receipt of this amendment or	n each con	u of the eff-	hmittad.	
RECEIVED AT THE PLACE	DESIGNATED FOR TH	TE DECEME OF OTHER	TAILURE OF YOUR ACKNOY	VLEDGM	ENT TO BE	omitted,	
REJECTION OF YOUR OFF	FD If her of many and a		WIO THE HOOK AND DATE SPECIFIED MAY I	RESULT I	N		
provided each telegram or lette	r makes reference to the	solicitation and this amendment,	an offer already submitted, such change may be made and is received prior to the opening hour and date sp	by telegra	m or letter,		
· · · · · · · · · · · · · · · · · · ·	PROPRIATION DA	.TA (If required)		ecinea.	<u>.</u>		
See Schedule	_	• ,					
	13. THIS	ITEM APPLIES ONLY T	OMODIFICA				
	IT MO	ODIFIES THE CONTRAC	O MODIFICATIONS OF CONTRACTS/C CT/ORDER NO. AS DESCRIBED IN ITEM	RDERS	3.		
A. THIS CHANGE ORDE	R IS ISSUED PURS	UANT TO: (Specify author	CIVORDER NO. AS DESCRIBED IN ITEM PORTION THE CHANGES SET FORTH IN ITEM	<u>114.</u>			
CONTRACT ORDER	O. IN ITEM 10A.	V-F) uatro	my) THE CHANGES SET FORTH IN IT	EM 14 A	ARE MADE I	N THE	
B. THE ABOVE NUMBER	ED CONTRA CTIO						
office, appropriation dat	e. etc.) SET FORTH	RDER IS MODIFIED TO	REFLECT THE ADMINISTRATIVE CHA I TO THE AUTHORITY OF FAR 43.103(ANGES	(such as char	organia and	
C. THIS SUPPLEMENTAL	AGREEMENT IS	ENTERED INTO DURGE	T TO THE AUTHORITY OF FAR 43.103(ANT TO AUTHORITY OF:	B).	(outli as chai	iges in paying	
			ANT TO AUTHORITY OF:				
D. OTHER (Specify type of	modification and au	thority)					
· · · · · · · · · · · · · · · · · · ·		,					
MPORTANT: Contractor	X is not,	is required to sign:	this document and return				
DESCRIPTION OF AMEN		is required to sign (his document and return	copies to	the issuing o	office.	
where feasible.)	DMENT/MODIFIC	ATION (Organized by UC	CF section headings, including solicitation/c	ontract	Subject matter		
ee Continuation Page"					subject matte		
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e to a Standard Procure	nent System defec	t, the date in Block 10B	of the SF30 may be inaccurate.		-		
e Purpose of this modific	ation is to		20 maccarate.		41-17		
is added as the correcte	and is to correct th	ne long line accounting of	classification in ACRN AK. ACRN AK is 9,524.00.	decrea	sed to ¢o or) and ACDL	
	- wing mile account	uring classification for \$49	9,524.00.	_ 50100	io po.o(and ACKN	
ntracting POC:							
ntractor POC:		The second secon					
							•
t as provided herein, all terms and	conditions of the docume	ent referenced in Item OA or 10A	Control of the Contro				
NAME AND TITLE OF S	GNER (Type or prin	it)	a, as heretofore changed, remains unchanged and in fu	ull force a	nd effect.		
	, ,,- o. pilli	-,	16A. NAME AND TITLE OF CONTRA	ACTINO	OFFICER (Type or print)	
CONTRACTOR/OFFERO	3	15C. DATE SIGNED	16B LINITED COLUMNS			Al recognition of the control of the	
CONTRACTOR/OFFERO	R	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	<u> </u>		16C. DA	TE SIGNED
CONTRACTOR/OFFEROM (Signature of person authorication) EPTION TO SF 30		15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY (Signature of Contracting Officer)			16C. DA	ATE SIGNED

APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83) Prescribed by GSA FAR (48 CFR) 53,243

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION G - CONTRACT ADMINISTRATION DATA

Contract Level Funding:

was decreased by \$49,524.00 from \$49,524.00 to \$0.00

was increased by \$49,524.00 from \$0.00 to \$49,524.00 The contract ACRN AL has been added.

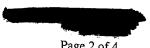
(End of Summary of Changes)

AMENDMENT OF	SOLICI:	TATION/MODIFI	CATION OF CONTRACT		1. CONTRACT		PAGE O	PAG
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.		Y		1 1	
11			A STATE OF THE PARTY OF THE PAR			5. PROJECT N	O.(If applica	ible)
5. ISSUED BY	CODE		7. ADMINISTERED BY (If other than item 6)		C	DDE TOTAL	_	
			The state of the s		CC			
NAME AND ADDRESS								
NAME AND ADDRESS OF CONT	TRACTOR (No., Street, County, State	and Zip Code)	ز	A. AMENDM	ENT OF SOLI	CITATION	NO.
				1	B. DATED (S	DE TOPO (1.1)		
					D. DATED (3.	EETIEMII)		
				X J	0A. MOD. OF	CONTRACT/	ORDER N	0.
				-			•	
ODE		FACILITY CODE		x a	OB. DATED (SEE ITEM 13)		
		11. THIS ITEM ONLY A	PPLIES TO AMENDMENTS OF SOLIC	ITATI	ONS			
The above numbered solicitation is amend	led as set forth in	Item 14. The hour and date spe	ecified for receipt of Offer	is	extended.	is not extende	.d.	
Offer must acknowledge receipt of this an (a) By completing Items 8 and 15, and retr	nendment prior	to the hour and date specified in	the solicitation or as amended by one of the follow	ving met	hods:	<u></u>		
or (c) By separate letter or telegram which	urning includes a refer	copies of the amendment; (b) By acknowledging receipt of this amendment o	n each c	opy of the offer su	bmitted;		
THE TELESCOPERIONAL	TED FOR THE	VECETLY OF OFFERS BRIOK	TO THE HOUR AND DATE SPECIERS MAN	DESCRIPT O	- T			
ACCION OF TOUR OFFER, If BY VI	ITUE Of this ame	ndment you desire to change on .	offer almost		gram or letter,			
		restation and ans attenument, ar	offer aready submitted, such change may be made and is received prior to the opening hour and date sp	ecified.	,			
. ACCOUNTING AND APPROPRIA	ATION DAT	A (If required)						
	13 TUIC I	TEM ADDITION ON A TO	Von					
	II MO	DIFIES THE CONTRACT	MODIFICATIONS OF CONTRACTS/ T/ORDER NO. AS DESCRIBED IN ITE	KA 14				
A. THIS CHANGE ORDER IS ISSI	HED PURSH	ANT TO: (Specify author	ity) THE CHANGES SET FORTH IN IT	VI 14.	ADEMADE	INI THE NO		
CONTRACT ORDER NO. IN IT	EM 10A.	,	,, and the second secon	1	AND MADE	IN THE		
B. THE ABOVE NUMBERED COM	VTRACT/OR	DER IS MODIFIED TO R	REFLECT THE ADMINISTRATIVE CH	ANGE	10 / 1			
				iange (B).	S (such as chai	nges in paying		
C. THIS SUPPLEMENTAL AGREE	EMENT IS E	NTERED INTO PURSUA	NT TO AUTHORITY OF:					
D. OTHER (Specify type of modification	ation and auti	ority)	···					
Unilateral - Section H: Task Orde	r Procedure	and Section I: Limitation	n of Funds					
IMPORTANT: Contractor X			nis document and return	conies	to the issuing	office		
DESCRIPTION OF AMENDMENT	[/MODIFIC#		F section headings, including solicitation.					
where feasible.) see Continuation Page:		(Organized by OC)	r section headings, including solicitation	/contra	ct subject matte	er		
ee Communion Page:								
ontractor POC:								
	1212							
ontracts POC:								
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	į.							
ue to a Standard Procurement Sys	stem defect,	the date in block 10b of	the SF30 may be inaccurate.					
			Lambur moves	Constant of the Constant of th		,		
ept as provided herein, all terms and condition	is of the docume	nt referenced in Issue 04 104	anthony of the state of the sta					
A. NAME AND TITLE OF SIGNER ((Type or prin	i)	as heretofore changed, remains unchanged and in	full for	e and effect.	··· <u></u>	-	
	. 7F- 2. P.III	-/	16A. NAME AND TITLE OF CONT	KACTI	NG OFFICER	(Type or print)		
CONTRA CTOR :		T		1				
. CONTRACTOR/OFFEROR		15C. DATE SIGNED	16B. UNITED STATES OF AMERIC	A		16C. D	ATE SIGN	IED
(Si			BY					
(Signature of person authorized to si	ign)		(Signature of Contracting Office	r)			3	P
CONTRACTOR/OFFEROR (Signature of person authorized to signature of Signature of Signature Of Si	ign)	15C. DATE SIGNED	ВУ			16C. D	ATE SIC	iN

APPROVED BY OIRM 11-84

30-105-04

STANDARD FORM 30 (Rev. 10-83) Prescribed by GSA FAR (48 CFR) 53.243



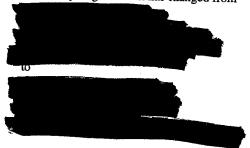
SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION A - SOLICITATION/CONTRACT FORM

The total cost of this contract was increased by \$35,500.00 from \$201,569.00 to \$237,069.00.

The 'administered by' organization has changed from



SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0001

The estimated/max cost has increased by \$34,500.00 from \$185,165.00 to \$219,665.00. The total cost of this line item has increased by \$34,500.00 from \$185,165.00 to \$219,665.00.

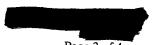
CLIN 0005

The estimated/max cost has increased by \$1,000.00 from \$15,904.00 to \$16,904.00. The total cost of this line item has increased by \$1,000.00 from \$15,904.00 to \$16,904.00.

The following have been modified:

BLOCK 17/BLOCK 18 CONTINUED

ACRN AF: EXPIRATION OF FUNDS	(ACRN AF FUNDING MUST BE EXPENDED BY
TASK ORDER FUNDS REQUIRED	\$ 237,069
TASK ORDER FUNDS AVAILABLE	\$ 237,069
UNFUNDED BALANCE	\$ -0-



BLOCK 18	(DD1155)	CONTINUED:
----------	----------	------------

	DPPHs	ORDERED	NTE.	AMOUNT
FIXED-PRICE LABOR TOTAL	2,799	DPPHs	\$ 219,	,665
*CONSULTANT TOTAL	0	DPPHs	\$	0
T/0 TOTAL LABOR	2,799	DPPHs	\$ 219,	665
MATERIAL	NTE		\$ 5	500
TRAVEL	NTE		\$ 16,	904
T/O TOTAL	\$		\$ 237,	069

^{**}Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

SECTION C - DESCRIPTIONS AND SPECIFICATIONS

The following have been modified:

SPECIAL INSTRUCTIONS:

ACRN AM is the and represents their fair share of this effort. ARCN AM funding is to be utilized only in support of the accounted for separately and shall not be mingled with any other ACRN within this Task Order.

PERIOD OF PERFORMANCE:

DELIVERABLES:

Item/Title CDRL#

ORL# # Copies

Delivery Date

Final Technical Report

A005

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ADDITIONAL DELIVERABLES REQUIRED FOR O&MA FUNDING:

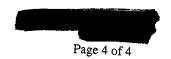
ACRN AF

A005

1 *

* Plus Electronic Version.

ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$ 16,904



SECTION G - CONTRACT ADMINISTRATION DATA

Accounting and Appropriation

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by \$35,500.00 from \$201,569.00 to \$237,069.00.

Contract Level Funding:

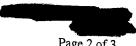
AM:

was increased by \$35,500.00 from \$0.00 to \$35,500.00. The contract ACRN AM has been added.

(End of Summary of Changes)

AMENDMENT OF SO	DLICITATION/MODII	FICATION OF CONTRACT	1. CONTRA	CT ID CODE	PAGE OF PAG
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE			Υ	111
12	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT	NO.(If applicable)
6. ISSUED BY	CODE				
	CODE	7. ADMINISTERED BY (If other than item 6)	(CODE	
					
	•				
8. NAME AND ADDRESS OF CONTRA	CTOP (No. Street Co.) O				
Service Service	terok (No., Street, County, Stat	e and Zip Code)	9A. AMENDI	MENT OF SOL	ICITATION NO
			OR DATED	SEE ITEM 11)	
) D. DATED (SEE HEM II)	
			x 10A. MOD. O	FCONTRACT	ORDER NO
)
CODE	FACILITY COD	DE .	X 10B. DATED	(SEE ITEM 13	3)
	11. THIS ITEM ONLY	APPLIES TO AMENDMENTS OF SOLIC	\\	<u> </u>	
The above numbered solicitation is amended as	s set forth in Item 14. The hour and date	Descripted for receipt of Offer			
Offer must acknowledge receipt of this amend	ment prior to the hour and data and to	in the solicitation or as amended by one of the follow	is extended,	is not extend	ded.
(a) By completing Items 8 and 15, and returning	copies of the amendmen	(b) By acknowledging receipt of this amendment o	ving methods:		
RECEIVED AT THE PLACE DESIGNATED	udes a reference to the solicitation and an	;; (b) By acknowledging receipt of this amendment of the numbers. FAILURE OF YOUR ACKNOWN TO THE HOURS AND THE TOTAL THE HOURS AND THE PROPERTY OF THE HOURS AND THE PROPERTY OF THE HOURS AND THE PROPERTY OF THE HOURS AND THE PROPERTY OF THE HOURS AND THE PROPERTY OF THE HOURS AND THE PROPERTY OF THE HOURS AND THE PROPERTY OF THE PRO	WLEDGMENT TO BE	ubmitted;	
REJECTION OF YOUR OFFER If by virtue	of this smandard and the	A 10 THE HOUR AND DATE SPECIFIED MAY	RESULT IN		
		n offer already submitted, such change may be made and is received prior to the opening hour and date sp	by telegram or letter,		
ACCOUNTING AND APPROPRIATI	ON DATA (If required)		ecineu.		
See Schedule					
13	. THIS ITEM APPLIES ONLY T	O MODIFICATIONS OF CONTRACTS/O	DDDDD		
CONTRACT ORDER IS ISSUED	PURSUANT TO: (Specify auth	prity) THE CHANGES SET FORTH IN IT	EM 14 ARE MADE	INTUE	
B. THE ABOVE NUMBERED CONTR	ACT/ORDER IS MODIFIED TO	REFLECT THE ADMINISTRATIVE CH	ANGES (makes 1		
C. THIS SUPPLEMENTAL ACREES	FORTH IN ITEM 14, PURSUAN	REFLECT THE ADMINISTRATIVE CH I TO THE AUTHORITY OF FAR 43.103	(B).	inges in paying	
C. THIS SUPPLEMENTAL AGREEME	IN 1 15 ENTERED INTO PURSU	ANT TO AUTHORITY OF:			
D. OTHER (Specify type of modification	and authority)				
Onliateral: Sec I, Limitation of Funds	and Sec H, Task Order Proce	dure			
	not, is required to sign	this document and return	copies to the invite		
DESCRIPTION OF AMENDMENT/MO	ODIFICATION (Organized by I)	CF section headings, including solicitation/	copies to the issuing	office.	
where feasible.) ee Continuation Page	Corganized by O	or section headings, including solicitation/	contract subject matt	er	
ontractor POC:					
ontracts POC:	News Control of the C				
ue to a Standard Procurement System	n defect, the date in block 10b	of the SF30 may be inaccurate			
		The maddatato.			
pt as provided herein, all terms and conditions of the	he document referenced in Item 9A or 10	A, as heretofore changed, remains unchanged and in	full force and aff		
NAME AND TITLE OF SIGNER (Type	e or print)	16A. NAME AND TITLE OF CONTR	ACTING OFFICER	/True	
		THE OF CONTR	TO THIS OFFICER	. (1 ype or print)	
CONTRACTOR/OFFEROR				عديد والمتال	
TENOR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA		16C D	ATE SIGNED
(Signature of names		BY		.55. D	OIONED
(Signature of person authorized to sign) CEPTION TO SF 30		(Signature of Contracting Officer)		
PROVED BY OIRM 11-84	30-	105-04		AID A DD FORM	

STANDARD FORM 30 (Rev. 10-83) Prescribed by GSA FAR (48 CFR) 53.243



7

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION A - SOLICITATION/CONTRACT FORM

The total cost of this contract was increased by \$275,000.00 from \$237,069.00 to \$512,069.00.

SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0001

The estimated/max cost has increased by \$250,000.00 from \$219,665.00 to \$469,665.00. The total cost of this line item has increased by \$250,000.00 from \$219,665.00 to \$469,665.00.

CLIN 0005

The estimated/max cost has increased by \$25,000.00 from \$16,904.00 to \$41,904.00. The total cost of this line item has increased by \$25,000.00 from \$16,904.00 to \$41,904.00.

The following have been modified:

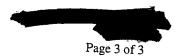
BLOCK 17/BLOCK 18 CONTINUED

TASK ORDER FUNDS REQUIRED	\$ 512,069
TASK ORDER FUNDS AVAILABLE	\$ 512,069
UNFUNDED BALANCE	\$ -0-

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

•								
	DPPH	s ORDERED	NI	E AMOU	JNT			
FIXED-PRICE LABOR TOTAL	5,985	DPPHs	\$ 4	69,665				
*CONSULTANT TOTAL	0	DPPHs	\$	0				
T/0 TOTAL LABOR	5,985	DPPHs		-				
MATERIAL	45		\$ 4	69,665				
TRAVEL	NTE	and the	\$	500			Er.	
T/O TOTAL	NTE.	Boseph	. 2.6\$ 4	11904	THE SHAPE	ý.		24,1
TOTOTAL			\$ 51	2,069				2.0.



**Consultant requirements must have prior written approval of the Administrative Contracting Officer (ACO) (via subcontract consent package) before any costs are incurred under the consultant CLIN.

SECTION C - DESCRIPTIONS AND SPECIFICATIONS

The following have been modified:

PERIOD OF PERFORMANCE:



DELIVERABLES:

Item/Title

CDRL#

Copies

Delivery Date

Final Technical Report

A005

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ESTIMATED TRAVEL: The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$41,904

SPECIAL INSTRUCTIONS:

ACRN AN is APA Funding in support of the CCWS Project Office and represents their fair share of this effort. ARCN AN funding is to be utilized only in support of CCWS Project Office. These funds should be accounted for separately and shall not be mingled with any other ACRN within this Task Order.

The effort described in the Task Order Statement of Work, which is anticipated to be performed in FY02 - FY04, is subject to the Clause at FAR 52.232-18, Availability of Funds.

SECTION G - CONTRACT ADMINISTRATION DATA

Accounting and Appropriation

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by \$275,000.00 from \$237,069.00 to \$512,069.00.

Contract Level Funding:

was increased by \$275,000.00 from \$0.00 to \$275,000.00

The contract ACRN AN has been added.

(End of Summary of Changes)

SCRT ULO Summary Report

	SPIIN:		Report Date:		
Transaction Type	Source System	Obligations	Even and the		
ACRN: AA			Expenditures	ULO	
Materiel and Services					
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Materiel and Services					
		38,587.00	05.000		
	E:MOCAS-S	38,587.00	35,251.21	3,335.79	
	Difference (A-E)		35,251.21	3,335.79	
4.000		0.00	0.00	0.00	
ACRN: AC			•		
Materiel and Services					
		6,037.00	6,006.17	30.83	
	E:MOCAS-S	6,037.00	6,006.17	30.83	
Water Land Commission Construction and Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction Construction	Difference (A-E)	0.00	0.00	0.00	
ACRN: AD		ander statement of the	interessione, landicatelessicus entarcis relicus record erroreum Eroeni.	O.OO	
Materiel and Services					
		34,101.00	00 777		
	E:MOCAS-S	34,101.00	33,796.10	304.90	
	Difference (A-E)	0.00	33,796.10	304.90	
		O.OO	0.00	0.00	
ACRN: AE					
Materiel and Services			·		
		26,820.00	26,469.35	350.65	
	E:MOCAS-S	26,820.00	26,469.35	350.65	
	Difference (A-E)	0.00	0.00	0.00	
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Materiel and Services					
•		21,850.00	20,808.10		
	E:MOCAS-S	21,850.00	20,808.10	1,041.90	
	Difference (A-E)	0.00		1,041.90	
ODBI. 4	The production with the control of the section of the control of t	O.OO	0.00	0.00	
CRN: AG Materiel and Services					
	F-14004 0 G	4,750.00	4,060.59	689.41	
	E:MOCAS-S	4,750.00	4,064.14	685.86	
	Difference (A-E)	0.00			

SCRT ULO Summary Report

	SPIIN:		Repo	rt Date:
Transaction Type	Source System	Obligations	Expenditures	
ACRN: AH Materiel and Se	Myicae	 		ULO
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ACRN: AJ	ikäyyyteykantoisia. Sayteitä yösyttää vantiinkä ontoitiikkainaataitta 3176-millikkitoiset oli 200-millikkitois	\$P\$ CLEAN GROUND THE CONTRACT OF THE CLEAN PROPERTY CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONTRACT CONT	^{কারিকার} নিয়েক্তিকার ক্রিকার ক্রিকার করে। ১৯৫১ - ১৯৫১ স্থানিকার ক্রিকার ক্রিকার ক্রিকার ক্রিকার ক্রিকার ক্রিকার	तः । अकेत्रश्राप्तकार्यकार्यकार्यकार्यकार्यकार्यकार्यकार्य
Materiel and Ser	rvices			
		1,900.00	1,837.35	62.65
	E:MOCAS-S	1,900.00	1,898.86	1.14
	Difference (A-E)	0.00	(61.51)	61.51
ACRN: AL Materiel and Serv	vices			######################################
		49,524.00	13,547.80	35,976.20
	E:MOCAS-S	49,524.00	15,963.23	33,560.77
	Difference (A-E)	0.00	(2,415.43)	2,415.43
CRN: AM Materiel and Servi	ices		A CESTON STARTS THE STA	Millio Arthur de meetro Milleren es Africale (1980)
		35,500.00	0.00	35,500.00
	E:MOCAS-S	35,500.00	0.00	35,500.00
	Difference (A-E)	0.00	0.00	0.00

Defense Finance & Accounting Service

Payment Summary Report

Date Run: EDI Ind: Ν Contract No.: Contractor Name. Shipment No.: BVN0001 Invoice Type: Bureau Voucher Invoice Amt.: \$10,519.70 Payment Date: Net Pmt Amt.: \$10,519.70 Force Thru: N Deduct Amt.: \$0.00 User: Force Thru Comments:

Payment Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments Bat	tch Date	Batch Cd
AB	1	US			М	2	N	\$7,351.65			
AC	1	US			М	2	N	\$3,168.05			

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-122			ER FOR PURCHASE HER THAN PERSO		VOU	000001
U.S.DEPARTMENT	, BUREAU, OR ES	TABLISHMENT AND LOCATION	DATE VOUCHER PREPAR	RED	SCHE	EDULE NO.
	· ·		REQUISITION NUMBER AND		PAID	ВУ
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SHIPPED FROM	······································	то	WEIGHT			RNMENT B/L NUMBER
NUMBER	DATE OF DELIVERY	ARTICLES OR SE	RVICES		UNTEPRICE	AMOUNT
AND DATE OF ORDER	OR SERVICE	(Enter description, item number of c schedule, and other information	contract or Federal supply	QUAN	OST PER	(,)
	10	BMD CONTRACT CLIN 0001-ACRN AB CLIN-0001-ACRN AE CLIN 0004-ACRN AB CLIN 0004-ACRN AE		53.0 DRPH 20.0 DPPH		\$5,687.80 \$1,557.40 \$1,663.72 \$1,610.78
(Use continuation she	eets if necessary)	(Payee must NOT use th	e space below)		TOTAL	\$10,519.70
PAYMENT: PROVISIONAL COMPLETE PARTIAL	APPROVED F		EXCHANGE RATE	DIFFERENCES		410,010.70
☐ FINAL ☐ PROGRESS ☐ ADVANCE	TITLE			nt verified; corre (Signature or initials)	ct for	1
Pursuant to authority	vested in me, I cen	tify that this voucher is correct and proper	for payment.		— <u>— — — — — — — — — — — — — — — — — — </u>	
(Date)		(Authorized Ce				itie)
		ACCOUNT	YTING CLASSIFICATION			•
CHECK NUMBER		ON ACCOUNT OF U.S. TREASURY	CHECK NUMB	ER	ON (Name of ba	nk) ',
name, as well as the capacity "Treasurer", as the case may	wifty to approve are comb the space provided, over his in the name of a company in which he signs, must as be.	DATE y. Ined in one person, one signature only is necessary, either s official title. or corporation, the name of the person writing the company popear. For example: "John Doe Company, per John Smit		PF Tit	ls.	
Previous edition usable	•					NSN 7650-00-634-4206

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

BILLING # 000001

DESCRIP: BMD CONTRACT BILLING

ACRN AB

BILLING DATE:

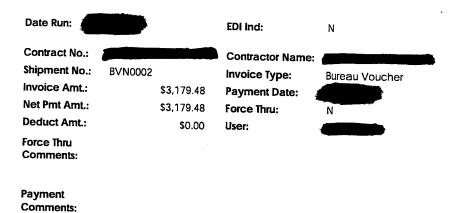
10,519.70

PAGE: 01

TO:		FROM:	
PRIME CONTRACT #: OTHER CONTRACT #: ACCOUNT NUMBER:		TOTAL CONTRACT: CONTRACT NAME:	105,545.00
BILLING PD ENDED:	CURRENT RATE	CURRENT HOURS	CURRENT BILLABLE
ANALYST VI-DC-OFF ANALYST VIII-DC-OFF SR.MGM/TEC II-DC-OFF CLERKII-DC-OFF	83.20 116.32 131.36 29.90	34.00 20.00 15.00 4.00	2,828.80 2,326.40 1,970.40 119.60
-TOTAL LABOR		73.00	7,245.20
SUBCONTRACT-TRAVEL			3,148.56
SUBTOTAL ODCS			3,148.56
SUBCONTRACT HANDLING 4.00%	;		125.94
TOTAL NON-LABOR BILLABLE			3,274.50
TOTAL BILLING			10,519.70



Defense Finance & Accounting Service Payment Summary Report



ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Batch Date	Date to O. I
AB	1	US	0001		М	2	N	\$3,179.48		Batch Date	Batch Cd

Standard Ferm 1034	ļ						
Revised January 1980 Department of the Tre		PUBLIC VOUC	HER FOR PURCH	ASÉS AI	VD.		YOUCHER NO.
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1034-118	T SURFALL OF ESTA	BUSHMENT AND LOCATION					000002
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l			REQUISITION NUMBER A	ND DATE			
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ł							PAYEE'S ACCOUNT NUMBER
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		10			WEIGHT		GOVERNMENT BY NUMBER
	· · · · · · · · · · · · · · · · · · ·						
NUMBER AND DATE	DATE OF DELIVERY	ARTICLES OR S	ERVICES	QUAN-	UNIT	PRICE	4401
OF ORDER	OR SERVICE	(Enter description, item number of schedule, and other informati	contract of Federal supply on deemed necessary	TITY	COST	PER	AMOUNT
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	FROM:	BMD CONTRACT				l	
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PAYMENT:	APPROVED FO	(Payee must N	OT use the space below	v)		TOTAL	3,179,48
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	BY2	DUCCI IUC BILL WI					
PARTIAL							
A FINAL	2						<u> </u>
□ rrogress	TITLE		·		erilied; corre	ect for	1
ADVANCE				(Signature or	initials)		<i>)</i>
Pursuant to authorit	y verted in me. 1	and the state of t					-
	, respectingme, I (ertify that this voucher is correct and	proper for payment.				
	• *	,					
		<u></u>					· .
(Date)		(Authorized Centifying Officer):			,,,	itle)	<u> </u>
			ITING CLASSIFICATION				
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- TECK HUMBER		ON ACCOUNT OF U.S. TREAS	URY CHECK NUMBER		ON (Nan	ne of bank	,
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CASH		DATE	PAYEE 3				
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Then stated in foreig	n currency, insert	name of currency		122			
the ability to certify	and suthority to a	parous ses sombined in	sienature only is necession -	PE	R		
then a vanisher is see	rinted in the over	and a manage of the transfer time.		1.4			
orporate name, as we	as the capacity	in which he signs, must appear. For excess ones be	of the person writing the com	pany or			
mith, Secretary, or	Treasurer", as the	case may be.	— company, p	CE JOHN			
vious edition usable		# U.S. GOVERNMENT PR	INTING OFFICE: 1986-0-491-248/	2000			
				2(IOJO)			NSN 7540-00-634-4706
	e information co	PRIVAC	Y ACT STATEMENT				

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing federal money. The information requested is to identify the particular crediture and the amounts to be paid. Failure to furnish this information will, hinder discharge of the payment obligation.

BILLING # 000002

BILLING DATE:

PAGE: 01

DESCRIP: BMD CONTRACT BILLING

TO:

FROM:

PRIME CONTRACT #: OTHER CONTRACT #:

CONTRACT #: ACCOUNT NUMBER:

TOTAL CONTRACT: CONTRACT NAME: 105,545.00

ACCOONT NOTIDETO					
BILL PD END:	CURRENT RATE	CURRENT HOURS	CURRENT BILLABLE	CUMULATIVE HOURS	CUMULATIVE BILLABLE
ANALYST I-DC-OFF SIT ANALYST VI-DC-OFF ANALYST VIII-DC-OFF SR.MGM/TEC II-DC-OFF CLERKII-DC-OFF SECRETARY IV-DC-OFF	55.57 83.20 116.32 131.36 29.90 51.64	32.0 8.0 0.0 2.0 2.0 8.0	1778.24 665.60 0.00 262.72 59.80 413.12	20.0 17.0 6.0	1778.24 3494.40 2326.40 2233.12 179.40 413.12
TOTAL LABOR		52.0	3179.48	125.0	10424.68
SUBCONTRACT-TRAVEL			0.00		3148.56
SUBTOTAL ODCS			0.00		3148.56
SUBCONTRACT HANDLI 4.	.00%		0.00	•	125.94
TOTAL NON-LABOR BILLAR	3LE		0.00		3274.50
TOTAL BILLING			3179.48		13699.18

Defense Finance & Accounting Service Payment Summary Report

Date Run: EDI Ind: N Contract No.: Contractor Name: Shipment No.: BVN0003 Invoice Type: Bureau Voucher Invoice Amt.: \$2,001.20 Payment Date: Net Pmt Amt.: \$2,001.20 Force Thru: Ν Deduct Amt.: \$0.00 User: Force Thru Comments:

Payment Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	ΤP	CC	Disbursement Comments	
AC	1	US	0001	•	М	2	N	\$2,001.20 PER INV	Batch Date Batch Cd

Standard Form 1034 Revised January 1980		PUBLIC VO	UCHER	FOR PURCHA	SES AR	dD.		YOUCHER NO.
Department of the Trea	imA			R-THAN PERS		~ <i>U</i>		000003
1034-116 U.S. 200				DATE VOUCHER PREPARE				SCHEDULE NO.
			,	COMTRACT NUMBER AND				PAID BY
Г			<u> </u>					
PAYEE'S NAME AND ADDRESS								DATE INVOICE RECEIVED
Ĺ					٦			DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER
SHIPPED FROM		то		***************************************		WEIGHT		GOVERNMENT BY NUMBER
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES (Enter description, item num schedule, and other info	OR SERVICE	et of Endend summe.	QUAN-	UNIT F	RICE PER	AMOUNT
		MD CONTRACT LIN 0001-ACRN	N AB	25.0 DPPH	-			
Use continuation shee AYMENT:	APPROVED FOR	(Payee mu		se the space below	\ '}		TOTAL	2,001.20
Trovisional Complete Prartial	PPM	ISIONAL PAYMEN— OT TO LATER AUDIT	EXCHAN	SE RATE =\$1.00	DIFFE	RENCES		
FINAL PROGRESS ADVANCE	TULLE				Amount (Signature or	verified; correct	ct for	
	y vested in me, I cert	ify that this voucher is correct. (Authorized Centifying Office)		r for poyment.				
				CLASSIFICATION		(Ti	ile)	
CHECK NUMBER		ON ACCOUNT OF U.S.	TREASURY	CHECK NUMBER		ON (Nam	e of hand	
CASH		DATE		PAYEE 3		- it (itali	- oj vank	,
the ability to certify approving officer hen a voucher is re-	crinted in the same of	ove are combined in one pers provided, over his official title a company or corporation, the				TLE		
ious edition usable				OFFICE: 1986-0-491 248/			and the state of	NSN 7540-00-634-4705

NSN 7540-00-634-4706

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. B2b and B2c, for the purpose of disbursing Federal money. The information requested is to identify the porticular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.



BILLING # 000003

DESCRIP: BMD CONTRACT BILLING

BILLING DATE:

PAGE: 01

TO:

FROM:

PRIME CONTRACT #: OTHER CONTRACT #:

ACCOUNT NUMBER:

TOTAL CONTRACT: CONTRACT NAME:

105,545.00

BILL PD END:	CURRENT RATE	CURRENT HOURS	CURRENT BILLABLE	CUMULATIVE HOURS	CUMULATIVE BILLABLE
ANALYST I-DC-OFF SIT ANALYST VI-DC-OFF ANALYST VIII-DC-OFF SR.MGM/TEC II-DC-OFF CLERK I-DC-OFF CLERKII-DC-OFF SECRETARY IV-DC-OFF	55.57 83.20 116.32 131.36 21.74 29.90 51.64	0.0 0.0 0.0 13.0 8.0 4.0 0.0	0.00 0.00 0.00 1707.68 173.92 119.60 0.00	32.0 42.0 20.0 30.0 8.0 10.0 8.0	1778.24 3494.40 2326.40 3940.80 173.92 299.00 413.12
TOTAL LABOR		25.0	2001.20	150.0	12425.88
SUBCONTRACT-TRAVEL			0.00		3148.56
SUBTOTAL ODCS			0.00		3148.56
SUBCONTRACT HANDLI 4.0	00%		0.00		125.94
TOTAL NON-LABOR BILLABI	Æ.		0.00		3274.50
TOTAL BILLING			2001.20		15700.38

Defense Finance & Accounting Service Payment Summary Report

Date Run:			EDI Ind:	N ·
Contract No.: Shipment No.: Invoice Amt.: Net Pmt Amt.: Deduct Amt.: Force Thru Comments:	BVN0004	\$585.24 \$585.24 \$0.00	Contractor Name: Invoice Type: Payment Date: Force Thru: User:	Bureau Voucher N
- Julian				

Payment Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	_	
AB	1	US	0001		М	2	N	\$585.24		Batch Date	Batch Cd

Standard Form 1034 Revised January 1980 Department of the Trease		PUBLIC VO	OUCHER	FOR PURCHA	SES AN	iD		VOUCHER NO.
1 FEM 4-2000 1034-118		SERVIC	ES OTHE	R THAN PERS	ONAL	4		000004
U.S. Office Profession				DATE YOUCHER PREPARED				SCHEDULE NO.
			;	REOUTSTILON NUMBER				PAID BY
. ٦					٦			
PAYEE'S NAME AND ADDRESS	Parties and the second							DATE INVOICE RECEIVED
ADDRESS								DISCOUNT TERMS
								PAYEE'S ACCOUNT NUMBER
SHIPPED FROM		TC	0			WEIGHT		GOVERNMENT BAL NUMBER
NUMBER AND DATE	DATE OF DELIVERY	ARTICL (Enter description, item n	ES OR SERVICE		QUAN-	UNIT	PRICE PER	AMOUNT
(Use continuation sheet PAYMENT: PROVISIONAL COMPLETE PARTIAL FINAL PROGRESS ADVANCE PURSUANT to outhority	APPROVED FO		CRN AA	se the space below GE RATE =\$1.00	v) DIFFE	verified; con	TOTAL rect for	585.24
(Date)	DILLE	SUBM ESSE (Authorized Cenifying O)				(Title)	
CHECK NUMBER		ON ACCOUNT OF U		CHECK NUMBER		ON (N	ame of bar	ık)
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When a youther is reconstructed as we see that the secretary or	y and authority to will sign in the specipted in the named cell as the capacity "Treasurer", as the	name of currency, approve are combined in one pace provided, over his official to of a cumpany or corporation in which he signs, must appear case may be.	title. n. the name of it	he nerson writing the co	otherwise	FR C		
dition usable	·		RNMENT PRINTIN	G OFFICE: 1986-0-491 -248	3/20630			NSN 7540-00-634-4200
~o			PRIVACY AC	TSTATEMENT				

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

BILLING # 000004

TO:

DESCRIP: BMD CONTRACT BILLING

BILLING DATE:

PAGE: 01

FROM:

PRIME CONTRACT #:

TOTAL CONTRACT: CONTRACT NAME:

105,545.00

OIRER	CONTRACT	. # : 1
	ACCOUNT	NUMBER:

BILL PD END:	CURRENT RATE	CURRENT HOURS	CURRENT BILLABLE	CUMULATIVE HOURS	CUMULATIVE BILLABLE
ANALYST I-DC-OFF SIT ANALYST VI-DC-OFF ANALYST VIII-DC-OFF SR.MGM/TEC II-DC-OFF CLERK I-DC-OFF CLERKII-DC-OFF SECRETARY IV-DC-OFF	55.57 83.20 116.32 131.36 21.74 29.90 51.64	0.0 0.0 0.0 4.0 0.0 2.0 0.0	0.00 0.00 0.00 525.44 0.00 59.80 0.00	32.0 42.0 20.0 34.0 8.0 12.0 8.0	1778.24 3494.40 2326.40 4466.24 173.92 358.80 413.12
TOTAL LABOR		6.0	585.24	156.0	13011.12
SUBCONTRACT-TRAVEL			0.00		3148.56
SUBTOTAL ODCS			0.00		3148.56
	00%		0.00		125.94
TOTAL NON-LABOR BILLAB	LE		0.00		3274.50
TOTAL BILLING			585.24		16285.62







IN REPLY REFER TO

1201 810.1

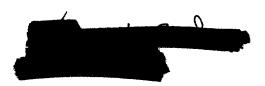


MEMORANDUM FOR DEFENSE FINANCE AND ACCOUNTING SERVICE

SUBJECT: Authorization for Direct Submission of Public Vouchers

submits its incurred proposals in accordance with FAR 52.216-7, Allowable Cost and Payment contract clause. Therefore, in accordance with Defense Federal Acquisition Regulation Supplement (DFARS) 242.803(b0(i)(C), this contractor is permitted to directly submit public vouchers on government contracts without DCAA advance approval. By attaching one copy of this memorandum, and indicating in the signature block of the voucher that "Direct Submission [is] Authorized," the contractor is representing that DCAA has authorized direct submission of public vouchers to DFAS by DCD. DCAA will continue to review DCD's procedures for preparing public vouchers as part of our ongoing surveillance of the contractor's billing system. The contractor's CAGE (Commercial and Government Entity)

Please direct any questions regarding this memorandum to



Defense Finance & Accounting Service

Payment Summary Report

Date Run: EDI Ind: 1 Contract No.: Contractor Name: **Shipment No.:** BVN0005 Invoice Type: Bureau Voucher Invoice Amt.: Payment Date: \$1,515.80 Net Pmt Amt.: \$1,515.80 Force Thru: Ν Deduct Amt.: \$0.00 User: Force Thru

Force Thru Comments:

Payment Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	ΤP	СС	Disbursement	Comments	Batch Date Batch Cd
AB	1	US	0001		М	2	N	\$1,515.80)	

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: -WInS-PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0005 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0005 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 00005 MOD NO: TOTAL AMOUNT: 1515.80 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP **TELEPHONE BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE:

CLIN NSN 1

QUAN 1

U/M CODE

EA

UNIT PRICE 1515.80

MILSTRIP

ACCT LINE

CLIN - 0001

ACRN - AB

\$1515.800

Defense Finance & Accounting Service Payment Summary Report

Date Run: EDI Ind: 2 Contract No.: Contractor Name: Shipment No.: BVN0006 Invoice Type: Bureau Voucher Invoice Amt.: \$6,299.60 Payment Date: Net Pmt Amt.: \$6,299.60 Force Thru: Ν Deduct Amt.: \$0.00 User: Force Thru Comments:

Payment Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	ΤP	СС	Disbursement Comments	
AB	1	US			М	2	N		Batch Date Batch Cd
AD	1	uc		_		2	IN	\$1,765.72	
AU	1	US			М	2	N	\$2,537.87	
AE	1	US			М	2	N	\$1,996.01	

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: --WInS-PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0006 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0006 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 00006 MOD NO: TOTAL AMOUNT: 6299.60 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE BUYING OFFICE PERIOD/ORDER START: SHIP TO CODE: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EA 6299.60

PERIOD END/DLVRD.:

ACCT LINE

CLIN - 0001

ACRN - AA

\$6299.600

Defense Finance & Accounting Service

Payment Summary Report

Date Run: EDI Ind: 1 Contract No.: Contractor Name: **Shipment No.:** BVN0007 Invoice Type: Bureau Voucher Invoice Amt.: \$9,804.80 Payment Date: Net Pmt Amt.: \$9,804.80 Force Thru: N Deduct Amt.: \$0.00 User: Force Thru Comments:

Payment Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	ΤP	СС	Disbursement C	Comments	Batch Date Batch Cd
AB	1	US	0001	•	М	2	N	\$6,882.04		
AE	1	US	0001		M	2	N	\$2,922.76		

* This Document is a replication of an EDI810 MOCAS transaction. -SOURCE_ID: -----WInS-PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0007 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0007 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 0007 MOD NO: TOTAL AMOUNT: 9804.80 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP **TELEPHONE BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EΑ 2922.76 2 1 EA 6882.04 ACCT LINE CLIN - 0001 ACRN - AE \$2922.760

\$6882.040

32.0 DPPHS CLIN - 0001

58.0 DPPHS

ACRN - AB

Defense Finance & Accounting Service

Payment Summary Report

Date Run:



EDI Ind:

1

Contract No.: Shipment No.: BVN0008

Contractor Name: Invoice Type: Bureau Voucher

Invoice Amt.: Net Pmt Amt.:

\$6,960.31

Payment Date:

\$6,960.31 Force Thru: \$0.00 User: N

Deduct Amt.: Force Thru Comments:

Payment Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	ΤP	cc	Disbursement C	Comments Batch Date Batch Co	Cd
AB	1	US	0001		М	2	N	\$4,377.78		
ΑE	1	US	0001	4	M	2	N	\$567.68		3
ΑE	1	US	0005	ð	M	2	N	\$2,014.85		
				_						

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS-PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0008 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0008 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 8000 MOD NO: TOTAL AMOUNT: 6960.31 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE **BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EA 4377.78 2 1 EΑ 567.68 3 1 EΑ 2014.85 ACCT LINE CLIN - 0001 ACRN - AB \$4377.780 34.0 DPPHS

\$567.680

\$2014.850

CLIN - 0001

6.0 DPPHS CLIN - 0005

TRAVEL

ACRN - AE

ACRN - AE

Defense Finance & Accounting Service

Payment Summary Report

Date Run: EDI Ind: 1 Contract No.: Contractor Name: **Shipment No.:** BVN0009 Invoice Type: Bureau Voucher Invoice Amt.: \$1,209.30 Payment Date: Net Pmt Amt.: \$1,209.30 Force Thru: Deduct Amt.: \$0.00 User:

Force Thru Comments:

Payment Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	ΤP	CC	Disbursement	Comments	Batch Date Batch Cd
AB	1	US	0001	4	M	2	N	\$1,209.30		

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0009 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0009 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 0009 MOD NO: TOTAL AMOUNT: 1209.30 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE **BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: MARK FOR CODE:

PERIOD END/DLVRD.:

CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EΑ 1209.30

ACCT LINE CLIN - 0001 ACRN - AB \$1209.300 9.0 DPPHS

Defense Finance & Accounting Service Payment Summary Report

Date Run: EDI Ind: 2 Contract No.: Contractor Name: **Shipment No.:** BVN0010 Invoice Type: Bureau Voucher Invoice Amt.: \$6,143.82 Payment Date: Net Pmt Amt.: \$6,143.82 N Force Thru: Deduct Amt.: \$0.00 User: Force Thru

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	ΤP	cc	Disbursement (Comments	Batch Date Batch Cd
AC	1	US	0001		М	2	N	\$789.58		
ΑE	1	US	0005		М		Υ	(\$8.34)		
AB	1	US	0001		М	2	N	\$5,362.58		

* This Document is a replication of an EDI810 MOCAS transaction.

PIIN: SPIIN:

SHIP NO:

BVN0010

SOURCE ID:

SHIP DATE:

MOCAS REC'D DT: INV/VOUCHER DATE: GATEWAY REC'D DT:

CAGE:

TASK ORDER: INVOICE NO:

INV/VOUCHER NO:

00010

BVN0010

MOD NO: ADPE NO:

TOTAL AMOUNT: 6143.82 MODE OF SHIP:

PAYING OFFICE: DD250:

DISC

FAST PAY:

DAYS DATE

AMOUNT

(1) (2)

TRANSPORT AMOUNT: **CURRENCY CODE:**

COMPANY NAME

CONTRACTOR REP

TEL NO

FAX NO

WInS

CAO OFFICE

ACO REP

TELEPHONE

BUYING OFFICE

PERIOD/ORDER START: PERIOD END/DLVRD.:



SHIP TO CODE:

MARK FOR CODE:

CLIN NSN

1

QUAN 1

U/M CODE EA

UNIT PRICE 6143.82 **MILSTRIP**

ACCT LINE

CLIN - 0001

ACRN - AB

\$5162.580

41.5 DPPHS

CLIN - 0001

ACRN - AC

\$989.580

18.5 DPPHS

CLIN - 0005

ACRN - AE

\$-8.340

OTRAVEL ADJUSTMENT

Defense Finance & Accounting Service Payment Summary Report

Date Run: EDI Ind: 2 Contract No.: Contractor Name: Shipment No.: BVN0011 Invoice Type: Bureau Voucher Invoice Amt.: \$10,562.71 Payment Date: Net Pmt Amt.: \$10,562.71 Force Thru: N Deduct Amt.: \$0.00 User: Force Thru Comments:

ACR	N Svc	Cnty	CLIN	FC	TC	ΤP	CC	Disbursement Comments	
AC	1	US	0001			2	N		Batch Date Batch Cd
AD	1	US	0001			2	N	\$26.48 \$10,536.23	

* This Document is a replication of an EDI810 MOCAS transaction. -SOURCE-ID:-WInS PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0011 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0011 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 00011 MOD NO: TOTAL AMOUNT: 10562.71 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE BUYING OFFICE SHIP TO CODE: MARK FOR CODE:

PERIOD/ORDER START: PERIOD END/DLVRD.:

CLIN 1 2	NSN	QUAN 1 1	U/M CODE EA EA	UNIT PRICE 5026.48 5536.23	MILSTRIP
ACCT LI	NE				

CLIN - 0001 ACRN - AC \$5026.480 40.5 DPPHS CLIN - 0001 ACRN - AD \$5536.230 103.5 DPPHS

Defense Finance & Accounting Service Payment Summary Report

Date Run: EDI Ind: 1 Contract No.: Contractor Name: Shipment No.: BVN0012 Invoice Type: Bureau Voucher Invoice Amt.: \$10,069.27 Payment Date: Net Pmt Amt.: \$10,069.27 Force Thru: N Deduct Amt.: \$0.00 User: Force Thru Comments:

Payment Comments:

ACRN Svc Cnty CLIN FC TC TP CC Disbursement Comments

Batch Date Batch Cd

N 2 N \$10,069.27

 \star This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0012 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0012 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 00012 MOD NO: TOTAL AMOUNT: 10069.27 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE AMOUNT (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP **TELEPHONE BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE 1 MILSTRIP 1 EΑ 10069.27 ACCT LINE

\$10069.270

CLIN - 0001

139.0 DPPHS

ACRN - AD

Payment Summary Report

Date Run:

EDI Ind:

User:

1

Contract No.: Shipment No.:

BVN0013

Contractor Name: Invoice Type:

Bureau Voucher

Invoice Amt.: Net Pmt Amt.:

\$6,176.81 \$6,176.81

\$0.00

Payment Date: Force Thru:

N

Deduct Amt.: Force Thru

Comments:

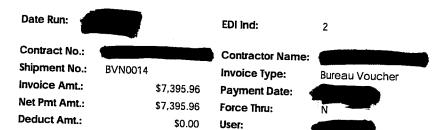
ACKN	SVC	Cnty	CLIN	FC	TC	ΤP	CC	Disbursement	Comments		
ΑD	1	US	0001		М	2	N		Comments	Batch Date	Batch Cd
AD	1	US	0005	X	М	_		\$4,434.67			
			0000	-	IVI	2	N	\$1,742.14			

 \star This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0013 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0013 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 00013 MOD NO: TOTAL AMOUNT: 6176.81 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP **TELEPHONE** BUYING OFFICE PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE:

CLIN 1 2	NSN	QUAN 1 1	U/M CODE EA EA	UNIT PRICE 4434.67 1742.14	MILSTRIP
ACCT LI	:NE	·			

CLIN - 0001 ACRN - AD \$4434.670 85.0 DPPHS CLIN - 0005 ACRN - AD \$1742.140 TRAVEL

Defense Finance & Accounting Service Payment Summary Report



Force Thru Comments:

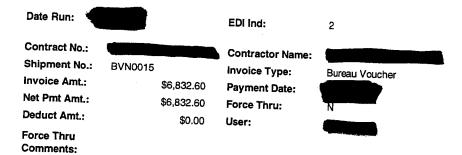
ACRN	Svc	Cnty	CLIN	FC	TC	ΤP	СС	Disbursement	Comments	
AB	1	US		*	М	2	N	\$1,000.00	Comments	Batch Date Batch Cd
AD	1	US	0005	X	М	2	N	\$598.19		
AD	1	US	0001	Ā	М	2	N	\$3,797.77		
ΑE	1	US		X	М	2	N	\$2,000.00		
						_		\$2,000.00		

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE-ID: WIns PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0014 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0014 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 00014 MOD NO: TOTAL AMOUNT: 7395.96 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE BUYING OFFICE PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EΑ 6797.77

2 1 EΑ 598.19

ACCT LINE CLIN - 0001 ACRN - AD \$6797.770 102.0 DPPHS CLIN - 0005 ACRN - AD \$598.190 TRAVEL

Payment Summary Report



ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments		
AB	1	US	0001	-	М	2	N		Comments	Batch Date	Batch Cd
AC	1	US	0001	X	M	2	N	\$15.48			
AD	1	US	0001	X	M	2		\$15.48			
AD	1	US	0005	Z			N	\$68.99			
AE	1	US	0001	_	M		N	\$23.91			
AE	•				М	2	N	\$517.13			
7ha	'	US	0005		M	2	N	\$6,191.61			
											-

* This Document is a replication of an EDI810 MOCAS transaction.

PIIN:

SOURCE_ID: WInS-SHIP DATE:

SPIIN: SHIP NO:

BVN0015 BVN0015 MOCAS REC'D DT:

INV/VOUCHER DATE: GATEWAY REC'D DT:

CAGE:

MOD NO:

ADPE NO: PAYING OFFICE:

TOTAL AMOUNT: MODE OF SHIP: FAST PAY:

TASK ORDER:

INVOICE NO:

INV/VOUCHER NO:

DD250:

DISC

0015

6832.60

DAYS DATE **AMOUNT**

(1) (2)

TRANSPORT AMOUNT: CURRENCY CODE:

COMPANY NAME

CONTRACTOR REP

TEL NO

FAX NO

CAO OFFICE

ACO REP

TELEPHONE

\$1391.610

BUYING OFFICE

PERIOD/ORDER START: PERIOD END/DLVRD.:



SHIP TO CODE: MARK FOR CODE:

CLIN	NSN	QUAN	U/M CODE	UNIT PRICE
1		1	EA	15.48
2		1	EA	15.48
3		1	EA	4868.99
4		1	EA	23.91
5		1	EA	517.13
6		1	EA	1391.61
ACCT L	INE		<u> </u>	1331.01

TRAVEL

CLIN - 0001 ACRN - AB \$15.480 0.5 DPPHS CLIN - 0001 ACRN - AC \$15.480 0.5 DPPHS CLIN - 0001 ACRN - AD \$4868.990 67.0 DPPHS CLIN - 0005 ACRN - AD \$23.910 TRAVEL CLIN - 0001 ACRN - AE \$517.130 6.0 DPPHS CLIN - 0005

ACRN - AE

MILSTRIP

Payment Summary Report

Contract No.:

EDI Ind:

Shipment No.:

Date Run:

BVN0016

Contractor Name: Invoice Type:

Bureau Voucher

Invoice Amt.:

\$6,880.27

Payment Date: Force Thru:

N

1

Net Pmt Amt.: Deduct Amt.:

\$6,880.27

\$0.00 User:

Force Thru

Comments:

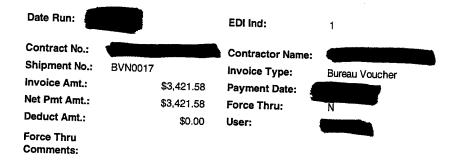
ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Date L. D.	
AD	1	US	0001		М	2	N	\$26.75		Batch Date	Batch Cd
ΑE	1	US	0001	Ď	М	2	N	\$6,853.52			
								Ψ0,000.02		7 :	

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS-PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0016 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0016 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 0016 MOD NO: TOTAL AMOUNT: 6880.27 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE **BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE **MILSTRIP** 1 1 EA 26.75 2 1 EΑ 6853.52 ACCT LINE CLIN - 0001 ACRN - AD \$26.750 0.5 DPPHS CLIN - 0001 ACRN - AE

\$6853.520

90.5 DPPHS

Payment Summary Report



ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	
AB	1	US	0005	-	М	2	N		Batch Dat	e Batch Cd
AC	1	US	0005	3	М	-	N	\$6.25		
AD	1	US	0005	3	М	_	N	\$5.48		
AE	1	US	0001	-	M		N	\$3.50		
AE	1	US	0005	-	М	2	N	\$1,128.04		
						_	1.4	\$2,278.31		

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: Wins PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0017 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0017 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 00017 MOD NO: TOTAL AMOUNT: 3421.58 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE BUYING OFFICE PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EA 6.25 2 1 EA 5.48 3 1 EΑ 3.50 4 1 EΑ 1128.04 5 1 EA 2278.31 ACCT LINE CLIN - 0005 ACRN - AB \$6.250 TRAVEL CLIN - 0005 ACRN - AC \$5.480

\$3.500

\$1128.040

\$2278.310

TRAVEL CLIN - 0005

TRAVEL CLIN - 0001

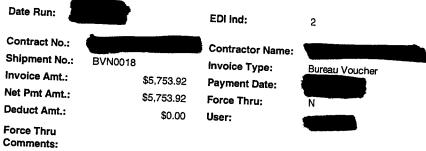
TRAVEL

18.0 DPPHS CLIN - 0005 ACRN - AD

ACRN - AE

ACRN - AE

Payment Summary Report



ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement Comments		
AB	1	US			М		N		Batch Date Bat	ch Cd
ΑE	1	US	0001	X	М	2	N	\$2,000.00 0001		
AF	1	US	0001	X	М	2	N	\$76.24		
AG	1	US		X	М	-	N	\$2,177.68		
				•	•••	_	14	\$1,500.00 0001		3

* This Document is a replication of an EDI810 MOCAS transaction. -SOURCE-ID:----WInS-PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0018 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0018 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 0018 MOD NO: TOTAL AMOUNT: 5753.92 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP **TELEPHONE BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EA 3576.24 2 1 EΑ 2177.68 ACCT LINE

\$3576.240

\$2177.680

CLIN - 0001

67.0 DPPHS CLIN - 0001

16.0 DPPHS

ACRN - AE

ACRN - AF

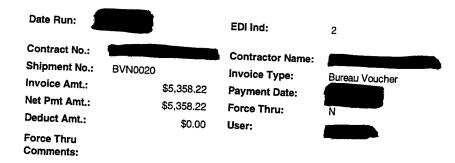
Payment Summary Report

Date Run: EDI Ind: 2 Contract No.: **Contractor Name:** Shipment No.: BVN0019 Invoice Type: Bureau Voucher Invoice Amt.: \$5,902.58 Payment Date: Net Pmt Amt.: \$5,902.58 Force Thru: Deduct Amt.: \$0.00 User: Force Thru Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Date Det	
AF	1	US	0001		M	2	N	\$5,902.58		Batch Date	Batch Cd

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: PIIN: WInS SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0019 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0019 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 00019 MOD NO: TOTAL AMOUNT: 5902.58 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE BUYING OFFICE PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE 1 UNIT PRICE MILSTRIP 1 EA 2 1769.90 1 EΑ 3 3946.90 1 EA 185.78 ACCT LINE CLIN - 0001 ACRN - AE \$1769.900 30.0 DPPHS CLIN - 0001 ACRN - AF \$3946.900 29.0 DPPHS CLIN - 0001 ACRN - AG \$185.780 6.0 DPPHS

Payment Summary Report



ACRN	Svc	Cnty	CLIN	FC	TC	ΤP	CC	Disbursement	_	
AB	1	US					~		Comments	Batch Date Batch Cd
AB	1	US		y	М		Y	(\$1,663.72)	0004	Batch Cd
				T	М	2	N	\$1,663.72	0005	
AE	1	US			М	2	N	\$26.75		
ΑE	1	US		` `	М		v			
ΑE	1	US		X		_		(\$10.78)	0004	
AF	4			I	М	2	N	\$10.78	0005	
		US		T	М	2	N	\$4,164.62	0001	
AG	1	US			М	2	N			
				-		_	•	\$1,166.85	0001	

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0020 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0020 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 000020 MOD NO: TOTAL AMOUNT: 5358.22 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP **TELEPHONE BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE 1 UNIT PRICE MILSTRIP 1 EA 5358.22 ACCT LINE CLIN - 0001 ACRN - AE \$26.750 0.5 DPPHS CLIN - 0001 ACRN - AF \$4164.620 35.0 DPPHS CLIN - 0001 ACRN - AG \$1166.850 23.5 DPPHS CLIN - 0004 ACRN - AB \$-1663.720 OMATERIAL

\$1663.720

\$-1610.780

\$1610.780

CLIN - 0005

TRAVEL CLIN - 0004

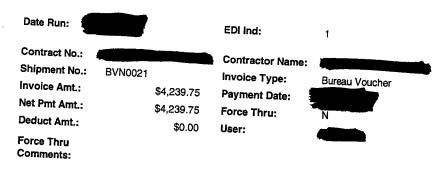
TRAVEL

OMATERIAL CLIN - 0005 ACRN - AB

ACRN - AE

ACRN - AE

Payment Summary Report



Payment

EDI Voucher payment, CLIN/ACRN specific.

Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	ΤP	CC	Disbursement	
AF AG	1	US US	0001 0001	•	M M	2	N	\$3,420.50 \$819.25	Comments Batch Date Batch Cd

 $\boldsymbol{\star}$ This Document is a replication of an EDI810 MOCAS transaction. SOURCE_ID: WInS PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0021 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0021 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 000021 MOD NO: TOTAL AMOUNT: 4239.75 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE AMOUNT (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE **BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE 1 MILSTRIP 1 EA 3420.50 2 1 EΑ 819.25

ACCT LINE
CLIN - 0001 ACRN - AF \$3420.500
CLIN - 0001 ACRN - AG \$819.250

17.0 DPPHS

Payment Summary Report

Date Run: EDI Ind: 2 Contract No.: Contractor Name: Shipment No.: BVN0022 Invoice Type: Bureau Voucher Invoice Amt.: \$5,899.74 Payment Date: Net Pmt Amt.: \$5,899.74 Force Thru: Deduct Amt.: \$0.00 User: Force Thru Comments:

ACRN	Svc	Cnty	CLIN	FC	тс	ΤD	00	District			
AE AF	1	US US	0005 0001	•	M M	2	N N	\$5.86		Batch Date	Batch Cd
AG AH	1	US US	0001 0001	\$	M M	2	N N	\$2,994.24 \$574.49 \$2,325.15	AF,AG,AH-ALL0001		

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS-PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0022 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0022 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 000022 MOD NO: TOTAL AMOUNT: 5899.74 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP **TELEPHONE** BUYING OFFICE PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE **MILSTRIP** 1 FΔ

	1	EA	5.86	
•	T		2994.24	
	1	EA	2574.49	
	1	EA	325.15	
ACRN - AF	\$5	860		
	+5.			
ACRN - AF	\$29	94 240		
	¥23	JT. 270		
ACRN - AG	\$25	74 490		
,,,	420	77.750		
ACRN - AH	\$321	5 150		
	402.	. TO0		
	ACRN - AE ACRN - AF ACRN - AG ACRN - AH	1 1 1 1 ACRN - AE \$5. ACRN - AF \$29! ACRN - AG \$25.	1 EA 1 EA 1 EA 1 EA 1 ACRN - AE \$5.860 ACRN - AF \$2994.240 ACRN - AG \$2574.490	1 EA 2994.24 1 EA 2574.49 1 EA 325.15 ACRN - AE \$5.860 ACRN - AF \$2994.240 ACRN - AG \$2574.490

Payment Summary Report

Date Run: EDI Ind: 1 Contract No.: Contractor Name: Shipment No.: BVN0023 invoice Type: Bureau Voucher Invoice Amt.: \$4,499.82 Payment Date: Net Pmt Amt.: \$4,499.82 Force Thru: Deduct Amt.: \$0.00 User: Force Thru Comments: **Payment** Comments:

ACRN Svc Cnty CLIN FC TC TP CC Disbursement Comments Batch Date Batch Cd

AH 1 US 0001 M 2 N \$4,499.82

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE_ID: WInS-PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0023 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0023 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 000023 MOD NO: TOTAL AMOUNT: 4499.82 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) **CURRENCY CODE:** COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE BUYING OFFICE PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EA 4499.82

\$4499.820

ACCT LINE CLIN - 0001

54.5 DPPHS

ACRN - AH

Payment Summary Report

Date Run: EDI Ind: 1 Contract No.: Contractor Name: Shipment No.: BVN0024 Invoice Type: Bureau Voucher Invoice Amt.: \$1,361.00 Payment Date: Net Pmt Amt.: \$1,361.00 Force Thru: N Deduct Amt.: \$0.00 User: Force Thru Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement	Comments	Detah Data	.
AF	1	US	0001		М	2	N	\$1,361.00		Batch Date	Batch Cd

* This Document is a replication of an EDI810 MOCAS transaction. SOURCE_ID: WInS-PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0024 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0024 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 000024 MOD NO: TOTAL AMOUNT: 1361.00 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) **CURRENCY CODE:** COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE BUYING OFFICE PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN

CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP
1 EA 1361.00

ACCT LINE CLIN - 0001 ACRN - AF \$1361.000 10.0 DPPHS

Payment Summary Report

Date Run: EDI Ind: 2 Contract No.: Contractor Name: Shipment No.: BVN0025 Invoice Type: Bureau Voucher Invoice Amt.: \$10,019.13 Payment Date: Net Pmt Amt.: \$10,019.13 Force Thru: Deduct Amt.: \$0.00 User: Force Thru Comments:

ACRN	Svc	Cnty	CLIN	FC	TC	TP	CC	Disbursement Comments	
AF	1	US	0001	•		2	N	\$2,994.33 672637	Batch Date Batch Cd
AH	1	US	0001		М	2	N	\$7,024.80	

 \star This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WINS PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0025 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0025 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 0025 MOD NO: TOTAL AMOUNT: 10019.13 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE BUYING OFFICE PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE 1 UNIT PRICE MILSTRIP 1 EA 2 2994.33 1 EA 7024.80 ACCT LINE CLIN - 0001 ACRN - AF \$2994.330 22.0 DPPHS CLIN - 0001 ACRN - AH \$7024.800

95.0 DPPHS

		SU	B-	vouch	ER				PAGE	01	DSSN		DATE		VOUCHER NO.
CHE	ECK NO.	OR	L	CASH	AM	OUNT OF	PAYMEN	T	<u>-</u> -			<u>_, </u>			8,856.30
					PAI	D TO:									
DAT	re				4	1									
												Tours.			
SIG	NATURE					_,									
					L	<u> </u>				ACCOUNT	ING CLASSIFICATION				
.	CONTRACT OR OTHE	≣R	_			BUIAR	D 001	T .	NAVY	BU	EXPEND	ACCT	G R	חוו	
	AUTHORIZATION NUMBER	Ì	FT	DEPT	FY	BU AP	P OBJ	'	MIPR IR FORCE	CON	ACCTG	STA		UD CT SN	AMOUNT
						FUND	LIMIT	OAC	SERIAL NUMBER		SUB OB.	LOC	10		
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* This Document is a replication of an EDI810 MOCAS transaction. SOURCE_ID: WInS-PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0026 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0026 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 000026 MOD NO: TOTAL AMOUNT: 8856.30 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE **BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE 1 UNIT PRICE MILSTRIP 1 2 EΑ 787.48 1 3 EΑ 5482.92 1 4 EA 1837.35 1 EΑ 748.55 ACCT LINE CLIN - 0001 ACRN - AF \$787.480 7.0 DPPHS CLIN - 0001 ACRN - AH \$5482.920 76.0 DPPHS CLIN - 0001 ACRN - AJ \$1837.350 13.5 DPPHS CLIN - 0001 ACRN - AL \$748.550 5.5 DPPHS

SPIIN: ACRN: ACRN: ACRN OBLIGATION: CONTRACT OBLIGATION: CONTRACT DISBURSEMENTS: 179784.53 ACRN DISBURSEMENTS: DISB AMT: 2.62 SV: ACRN: AE LIMIT: FC: APPROP: PP: 026 ACCT CLASS:

TR CD: CC: TY PMT: 2 DOV: SHP NO: BVN0027 FT: DATE: CLIN: 0005 SHP-TO: QTY: 00000000 CNCLD-FND-IND: BATCH ID: AUTO DISB AMT: 3.63 SV: PACRN: AG LIMIT: FC: APPROP:
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MORE PRESS ENTER FOR MORE INQUIRIES OR PA2 TO EXIT

PIIN: SPIIN: ACRN: CONTRACT OBLIGATION: 237069.00 ACRN OBLIGATION: CONTRACT DISBURSEMENTS: 179784.53 ACRN DISBURSEMENTS: DISB AMT: 62.65 SV: ACRN: AJ LIMIT: FC: APPROP:
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TR CD: CC: TY PMT: 2 DOV: SHP NO: BVN0027 FT: DATE:
CLIN: 0005 SHP-TO: QTY: 00000000 CNCLD-FND-IND: BATCH ID: AUTO DISB AMT: 274.32 SV: ACRN: AL LIMIT: FC: APPROP:
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*END PRESS PA2 TO RETURN TO PREVIOUS MENU SCREEN

 \star This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0027 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0027 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 000027 MOD NO: TOTAL AMOUNT: 1010.53 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE AMOUNT (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE BUYING OFFICE PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE **MILSTRIP** 1 1 EA 2.62 2 1 EΑ 3.63 3 1 EΑ 667.31 4 1 EA 62.65 5 1 EΑ 274.32 ACCT LINE CLIN - 0005 ACRN - AE \$2.620 TRAVEL CLIN - 0005 ACRN - AG \$3.630 TRAVEL CLIN - 0005 ACRN - AH \$667.310 TRAVEL

\$62.650

\$274.320

CLIN - 0005

TRAVEL CLIN - 0005

TRAVEL

ACRN - AJ

ACRN - AL

Revised September 1982 Department of the Treasury **VOUCHER AND SCHEDULE** Credit side Page 1 of 2 I FRM 2-2500 OF WITHDRAWALS AND CREDITS JSA 182225 COLUMBUS OH 43218-2225 Transaction Date CHARGE AND CREDIT WILL BE REPORTED ON CUSTOMER AGENCY STATEMENT OF TRANS-ACTIONS FOR ACCOUNTING PERIOD ENDING Document No. **CUSTOMER AGENCY BILLING AGENCY** Agency Location Code (ALC) Customer Agency Voucher No. Agency Location Code (ALC) Billing Agency Voucher No. DEPARTMENT DEPARTMENT BUREAU BUREAU ADDRESS ADDRESS SUMMARY APPROPRIATION, FUND OR RECEIPT SYME AMOUNT APPROPRIATION, FUND OR RECEIPT SYMBOL **AMOUNT** 165.48 \$H AB NOS0001 NOCLIN 0.11 BVN0028 0005 \$1 AC. 0.10 lc BVN0028 0005 AD 🖫 43.19 BVN0028 0005 \$K AE 103.69 BVN0028 0005 AG€ 0.08 BVN0028 0005 MUST AGREE WITH BILLING TOTAL S Continued MUST AGREE WITH CUSTOMER ENCY TOTAL TOTAL \$ Continued ENCLYDOTAL Details of charges or reference to attached supporting documents Part Pay Number 000 Voucher Voucher Date Group 6 BILLING AGENCY CONTACT: Prepared By NO 457e REQUIRED - CA UPLOAD TO MOCAS CERTIFICATION OF CUSTOMER OFFICE I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated. (Date) (Authorized administrative or certifying officer) (Telephone No.) NSN 7540-00-634-4234 PREVIOUS EDITION NOT USABLE

Original

1081-108

TANDARD FORM 1081

STANDARD FURM TURT Revised September 1982 Department of the Treasury **VOUCHER AND SCHEDULE** Credit side Page 2 of 2 OF WITHDRAWALS AND CREDITS FRM 2-2500 Transaction Date JSA 182225 COLUMBUS OH 43218-2225 CHARGE AND CREDIT WILL BE REPORTED ON CUSTOMER AGENCY STATEMENT OF TRANS-ACTIONS FOR ACCOUNTING PERIOD ENDING Document No. **CUSTOMER AGENCY BILLING AGENCY** Agency Location Code (ALC) Customer Agency Voucher No. Agency Location Code (ALC) Billing Agency Voucher No. DEPARTMENT DEPARTMENT BUREAU BUREAU ADDRESS ADDRESS SUMMARY SUMMARY APPROPRIATION, FUND OR RECEIPT SYMBO AMOUNT APPROPRIATION, FUND OR RECEIPT SYMBOL AMOUNT \$M AH 12.17 BVN0028 0005 \$N AJ 🌗 1.14 BVN0028 0005 \$0 5.00 BVN0028 0005 MUST AGREE WITH BILLING TOTAL \$ 165.48 MUST AGREE WITH CUSTOMER TOTAL \$ 165.48 ENCY TOTAL Details of charges or reference to attached supporting documents Part Pay Number 000 Voucher Voucher Date Group 6 BILLING AGENCY CONTACT: NO 457e REQUIRED - CA UPLOAD TO MOCAS Prepared By CERTIFICATION OF CUSTOMER OFFICE I certify that the items listed herein are correct and proper for payment from and to the appropriation(s) designated.

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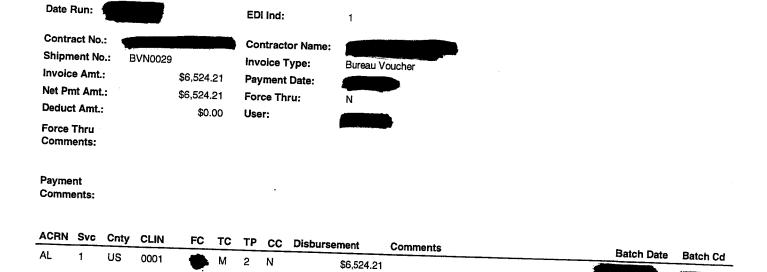
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Defense Finance & Accounting Service

Payment Summary Report



 \star This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0029 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0029 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 000029 MOD NO: TOTAL AMOUNT: 6524.21 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE BUYING OFFICE PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EΑ 6524.21 ACCT LINE CLIN - 0001 ACRN - AL \$6524.210

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* This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS " PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0030 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0030 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 000030 MOD NO: TOTAL AMOUNT: 2679.81 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE **BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EA 2679.81 ACCT LINE CLIN - 0001 ACRN - AL \$2679.810 34.0 DPPHS

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Defense Finance & Accounting Service

Payment Summary Report

Date Run: EDI Ind: 1 Contract No.: Contractor Name: Shipment No.: BVN0031 invoice Type: Bureau Voucher Invoice Amt.: \$3,325.91 Payment Date: Net Pmt Amt.: \$3,325.91 Force Thru: Deduct Amt.: \$0.00 User: Force Thru Comments:

Payment Comments:

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 \star This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0031 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0031 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 000031 MOD NO: TOTAL AMOUNT: 3325.91 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE **BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EA 3226.47 2 1 EA 99.44 ACCT LINE CLIN - 0001 ACRN - AL \$3226.470 51.0 DPPHS CLIN - 0005 ACRN - AL \$99.440

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 \star This Document is a replication of an EDI810 MOCAS transaction. SOURCE ID: WInS PIIN: SHIP DATE: SPIIN: MOCAS REC'D DT: SHIP NO: BVN0032 INV/VOUCHER DATE: INV/VOUCHER NO: BVN0032 GATEWAY REC'D DT: TASK ORDER: CAGE: INVOICE NO: 000032 MOD NO: TOTAL AMOUNT: 2415.43 ADPE NO: MODE OF SHIP: PAYING OFFICE: FAST PAY: DD250: DISC DAYS DATE **AMOUNT** (1) TRANSPORT AMOUNT: (2) CURRENCY CODE: COMPANY NAME CONTRACTOR REP TEL NO FAX NO CAO OFFICE ACO REP TELEPHONE **BUYING OFFICE** PERIOD/ORDER START: SHIP TO CODE: PERIOD END/DLVRD.: MARK FOR CODE: CLIN NSN QUAN U/M CODE UNIT PRICE MILSTRIP 1 1 EA 2415.43 ACCT LINE CLIN - 0001 ACRN - AL \$2415.430 37.0 DPPHS